FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 27 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007698 (1)

1. Corporation Name
KHC CONSULTING, INC.

Principal Place of Business
3595 INDUSTRIAL PARK DRIVE
MARIANNA FL 32446-9458

Mailing Address
3595 INDUSTRIAL PARK DRIVE
MARIANNA FL 32446-9458

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4425 Market St.	26 P.O. Box 5768
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Marianna, FL.	City & State 28 Marianna, FL.
Zip 24 32446 / Country 25 Jackson	Zip 29 32447 / Country 30 Jackson

4. FEI Number: 59-3228801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRANT, RICHARD W
3595 INDUSTRIAL PARK DRIVE
MARIANNA FL 32446-9458

10. Name and Address of New Registered Agent

81 Name: John M. Hamilton, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 4425 Market St.
83
84 City: Marianna, FL. FL 85 Zip Code: 32446

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: John M. Hamilton — John M. Hamilton, CPA — DATE: 3/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	COWEN, KIMBERLY H	1.2 NAME	
STREET ADDRESS	3595 INDUSTRIAL PARK DRIVE	1.3 STREET ADDRESS	4425 Market St.
CITY-ST-ZIP	MARIANNA FL 32446-9458	1.4 CITY-ST-ZIP	Marianna, FL. 32446
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. Ellis, James C. Ellis, CPA, 3/5/95, (205) 792-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DAYTIME PHONE
(See POA Attached)

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