FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1-25-96-B-02-49-NG 1996 P94000011556 (5) DOCUMENT # ALBRECHT CONSULTING COMPANY, INC. Principal Place of Business Mailing Address 830 S GULFVIEW BLVD #705 830 S GULFVIEW BLVD #705 CLEARWATER FL 34630 CLEARWATER FL 34630 US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1994 01/31/1995 2. Pancipal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3224009 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required Oity & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s 199,032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALBRECHT, CLIFFORD C 82 Street Address (P.O. Box Number is Not Acceptable) 830 S GULFVIEW BLVD #705 CLEARWATER FL 33630 83 84 City 85 Zip Code 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. Sitt rature, typeod or printed name of registerart agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 100 DELETE 1. 1 TITLE ☐ Change ☐ Addition NAME ALBRECHT, CLIFFORD C 1.2 NAME CR2E034 SPIREFT ADDRESS 830 S GULFVIEW BLVD #705 1.3 STREET ADDRESS **CLEARWATER FL 34630** CHY ST-ZiP 1.4 CITY-ST-ZIP Taller DELETE 2 1 TITLE Change Addition ALBRECHT, JANET E NAME 22 NAME 830 \$ GULFVIEW BLVD #705 STREET ACCIDEESS. 2.3 STREET ADDRESS CLEARWATER FL CITY ST-ZIP 2 4 CITY - ST - ZIP DITCE DELETE 3. 1 TITLE Change Addition BALL, GAIL E NAME 3.2 NAME 113 SANTORO ROAD STREET ADDRESS 3.3 STREET ADDRESS WORCESTER MA CIY-SI-2P 34 CITY - ST - ZIP 1116 DELETE 4 1 TULE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY SI-ZIO 4.4 CITY-ST-ZIP THLE DELETE 5.1 TITLE [] Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 54 CITY-ST-ZIP THEF DELETE 6 1 TITLE ☐ Change ■ Addition NAMI 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CHY-ST Zin 64 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 early that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, Florida Statutes; and that my name

1/20/96 813 441 1065 Vale Destrue Proce #

(12/95)