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 MAY 12 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000030523 (2)**

1. Corporation Name
THE CONTEMPORARY INVESTIGATION AGENCY, INC.

Principal Place of Business	Mailing Address
251 EAGLE CIRCLE CT. CASSELBERRY FL 32707	251 EAGLE CIRCLE CT. CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business 21 846 KINGSBRIDGE DRIVE	2a. Mailing Address 26 49 ALAFAYA BLVD.	4. FEI Number 59-3243842	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 BOX 147	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 OVIEDO, FLORIDA	City & State 28 OVIEDO, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32765 / 25 SEMINOLE	Zip / Country 29 32765 / 30 SEMINOLE	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, BILLY H 251 EAGLE CIRCLE CT. CASSELBERRY FL 32707	81 Name: BILLY H. MILLER 82 Street Address (P.O. Box Number is Not Acceptable): 846 KINGSBRIDGE DRIVE 83 84 City: OVIEDO FL 85 Zip Code: 32765

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: Billy H Miller — BILLY H. MILLER — 5/10/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when new agent is stated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	MILLER, BILLY H	12 NAME	
STREET ADDRESS	251 EAGLE CIRCLE CT.	13 STREET ADDRESS	846 KINGSBRIDGE DRIVE
CITY ST ZIP	CASSELBERRY FL 32707	14 CITY ST ZIP	OVIEDO, FLORIDA 32765
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Addition
NAME		32 NAME	600001489696
STREET ADDRESS		33 STREET ADDRESS	-05/17/95--01010--007
CITY ST ZIP		34 CITY ST ZIP	****225.00 ****225.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/5/12

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)(i), 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: Billy H. Miller — BILLY H. MILLER — 5/10/95 — 407-256-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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