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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:41

DOCUMENT # **P94000061682 (8)**

1. Corporation Name
TTM CONSULTANTS INCORPORATED

Principal Place of Business	Mailing Address
3006 ASHLAND TERRACE CLEARWATER FL 34621	3006 ASHLAND TERRACE CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21 2323 Curlew Road	26 2323 Curlew Road	59-3263396
Suite, Apt. #, etc. 22 TC	Suite, Apt. #, etc. 27 TC	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 Palm Harbor Fl	City & State 28 Palm Harbor Fl	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / County 24 34683 / 25 Pinellas	Zip / County 29 34683 / 30 Pinellas	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
GASSMAN, ALAN S 1212 COURT STREET SUITE B CLEARWATER FL 34621	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Director ☐ Change ☒ Addition
NAME	MAUCH, ROBERT P	12 NAME	BHARAT PATEL
STREET ADDRESS	3006 ASHLAND TERRACE	13 STREET ADDRESS	3006 ASHLAND Terr
CITY-ST-ZIP	CLEARWATER FL 34621	14 CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MAUCH, ROBERT P JR	22 NAME	
STREET ADDRESS	3006 ASHLAND TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PEREZ, ED H	32 NAME	
STREET ADDRESS	3006 ASHLAND TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	34 CITY-ST-ZIP	
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	

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: Robert P. Mauch 4-10-95 813-781-5040
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert P. Mauch, JR.

0397819 CP