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 -1 PM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062043 (2)**

1. Corporation Name
BELLWETHER TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
56 BEAVER DAM LN PALM COAST FL 32137	56 BEAVER DAM LN PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 85 BREN MAR	26 P.O.BOX 353909
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM COAST, FL.	City & State 28 PALM COAST, FL.
Zip 24 32137 / Country 25	Zip 29 32135 / Country 30

4. FEI Number: 59-326 9947 ☐ 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

GERHARDT, GREGORY A
85 BREN MAR
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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.

SIGNATURE _____ DATE
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	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	GREGORY A. GERHARDT	1.2 NAME	
STREET ADDRESS	85 BREN MAR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL. 32137	1.4 CITY-ST-ZIP	
TITLE	TREASURER	2.1 TITLE	☐ Change ☐ Addition
NAME	LILY ANN GERHARDT	2.2 NAME	
STREET ADDRESS	85 BREN MAR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMCOAST, FL. 32137	2.4 CITY-ST-ZIP	
TITLE	SECRETARY	3.1 TITLE	☐ Change ☐ Addition
NAME	HELEN H. GERHARDT	3.2 NAME	
STREET ADDRESS	56 BEAVERDAM LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL. 32137	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT B. GERHARDT	4.2 NAME	
STREET ADDRESS	56 BEAVER DAM LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL. 32137	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: Helen H. Gerhardt HELEN H. GERHARDT 4/28/95 904-445-7094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403000 FP