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 APR 25 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064852 (4)**

1. Corporation Name

S.A.L.T. CONSULTANTS, INC.

Principal Place of Business	Mailing Address
902 MARCO DR NE ST PETERSBURG FL 33702	902 MARCO DR NE ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 150 2ND AVENUE N.	26 150 2ND AVENUE N.
Suite, Apt #, etc 22 SUITE 610	Suite, Apt #, etc 27 SUITE 610
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL
Zip / County 24 33701 / 25 PINELLAS	Zip / County 29 33701 / 30 PINELLAS

4. FEI Number: 59-3277602 ☐ 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. The corporation has ability to allocate tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILSON, KENNETH E 902 MARCO DR NE ST PETERSBURG FL 33702	81 Name: KENNETH E. WILSON 82 Street Address (P.O. Box Number is Not Acceptable): 150 2ND AVENUE N. 83 SUITE 610 84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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: Kenneth E. Wils, PRESIDENT (KENNETH E. WILSON) 4/19/95
(Signature of officer 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		11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME		12 NAME	KENNETH E. WILSON	
STREET ADDRESS		13 STREET ADDRESS	902 MARCO DRIVE, N.E.	
CITY ST ZIP		14 CITY ST ZIP	ST. PETERSBURG, FL 33702	
TITLE		21 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		22 NAME	KEVIN J. CAPPOCK	
STREET ADDRESS		23 STREET ADDRESS	802 NORMANDY TRACE	
CITY ST ZIP		24 CITY ST ZIP	TAMPA, FL 33602	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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		

4/19/95

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: Kenneth E. Wils, PRESIDENT 4/19/95 (813) 896-7258
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (Daytime Phone #)
KENNETH E. WILSON

0908100 CP