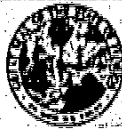


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

95 JAN 26 AM 11:16

DOCUMENT # P94000074990 (0)

1. Corporation Name

LKT CONSULTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

715 N. SHERRILL ST.
TAMPA FL 33609

Mailing Address

715 N. SHERRILL ST.
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 1910 ILLINOIS AVE

2a. Mailing Address

26 1910 ILLINOIS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. PETERSBURG FL

City & State

28 ST PETERSBURG FL

Zip

Country

24 33703

25 V. S. A.

Zip

Country

29 33703

30 V. S. A.

4. FEI Number

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

DOMINGUEZ, GILMORE A
715 N. SHERRILL ST.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

LOYD A TOMLINSON

82 Street Address (P.O. Box Number is Not Acceptable)

1910 ILLINOIS AVE

84 City

ST PETERSBURG

FL

85 Zip Code

33703

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

Lloyd A Tomlinson

LOYD A TOMLINSON PRESIDENT

1-22-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
DOMINGUEZ, GILMORE A
715 N. SHERRILL ST.
TAMPA FL 33609

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
DOMINGUEZ, JOSEPH C
715 N. SHERRILL ST.
TAMPA FL 33609

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
DOMINGUEZ, GILMORE A JR
715 N. SHERRILL ST.
TAMPA FL 33609

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD
TOMLINSON, LOYD A
1910 ILLINOIS AVE
ST PETERSBURG FL 33703

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

STD
TOMLINSON KATHLEEN
1910 ILLINOIS AVE
ST PETERSBURG FL 33703

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

VD
TOMLINSON, LOYD A
1910 ILLINOIS AVE
ST PETERSBURG FL 33703

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(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:

Lloyd A Tomlinson

LOYD A TOMLINSON

1-22-95

813 522 5148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number