FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

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

95 JAN 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074990 (0)

1. Corporation Name
LKT CONSULTING, INC.

Principal Place of Business	Mailing Address
715 N. SHERRILL ST. TAMPA FL 33609	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
Suite, Apt. #, etc. 22
City & State 23 ST. PETERSBURG FL
Zip 24 33703 Country 25 U.S.A

2a. Mailing Address
26 1910 ILLINOIS AVE
Suite, Apt. #, etc. 27
City & State 28 ST PETERSBURG FL
Zip 29 33703 Country 30 U.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
83
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: Loyd 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DOMINGUEZ, GILMORE A	1.2 NAME	TOMLINSON, LOYD A
STREET ADDRESS	715 N. SHERRILL ST.	1.3 STREET ADDRESS	1910 ILLINOIS AVE
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	STD	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	DOMINGUEZ, JOSEPH C	2.2 NAME	TOMLINSON KATHLEEN
STREET ADDRESS	715 N. SHERRILL ST.	2.3 STREET ADDRESS	1910 ILLINOIS AVE
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	DOMINGUEZ, GILMORE A JR	3.2 NAME	TOMLINSON, LOYD A
STREET ADDRESS	715 N. SHERRILL ST.	3.3 STREET ADDRESS	1910 ILLINOIS AVE
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	ST PETERSBURG FL 33703
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

$87 1/31

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: Loyd A Tomlinson LOYD A TOMLINSON 1-22-95 813 522 5148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0204402 CP