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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000088390 (7)

1. Corporation Name

FINANCIAL ADMINISTRATORS AND CONSULTANTS, INC.



Principal Place of Business

230 E PARK AVE  
LAKE WALES FL 33853  
US

Mailing Address

P.O. BOX 2368  
LAKE WALES FL 33859  
US

3. Date Incorporated or Qualified  
12/05/1994

3a. Date of Last Report  
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHERMAN, KYLE D~~  
~~244 E PARK AVE~~  
~~LAKE WALES FL 33853~~

81 Name

Michael Butler

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

244 E. Park Avenue.

83

84 City

Lake Wales,

FL

85 Zip Code  
33853

11. Pursuant to the provisions of Section 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, to the State of Florida, which 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 607.05, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Butler

02/01/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SHAW, H. DANIEL

1.2 NAME

STREET ADDRESS 1117 CEPHIA

1.3 STREET ADDRESS

CITY-STATE-ZIP LAKE WALES FL

1.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BARTLETT, THOMAS E.

2.2 NAME

STREET ADDRESS 6700 W CENTRAL SUITE 108

2.3 STREET ADDRESS

CITY-STATE-ZIP WICHITA KS

2.4 CITY-STATE-ZIP

TITLE ~~TD~~ ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME ~~SWARTZBECK, JEFFREY O.~~

3.2 NAME

STREET ADDRESS ~~244 E PARK AVE~~

3.3 STREET ADDRESS

CITY-STATE-ZIP ~~LAKE WALES FL~~

3.4 CITY-STATE-ZIP

TITLE ~~SD~~ ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME ~~SHERMAN, KYLE D.~~

4.2 NAME

STREET ADDRESS ~~244 W PARK AVE~~

4.3 STREET ADDRESS

CITY-STATE-ZIP ~~LAKE WALES FL~~

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-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:

H. Daniel Shaw

H. Daniel Shaw, President

02/01/96

(941) 678-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)