FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 APR 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093131 (8)**

1. Current Name

S.W. CARSON CONSULTING, INC.

Principal Place of Business	Mailing Address
1580 HARBORSIDE DR. FT. LAUDERDALE FL 33326	1580 HARBORSIDE DR. FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1994**

3a. Date of Last Report:

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. # etc. (22):

Suite, Apt. # etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: 65-053 7789 — ☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARSON, SUSAN W
1580 HARBORSIDE DR.
FT. LAUDERDALE FL 33326

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: (Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required for reinstatement) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO BE DELETED AND/OR CORRECTIONS	
1 TITLE		1 TITLE	P ☐ Change ☒ Addition
1 NAME		1 NAME	SUSAN W. Carson
1 STREET ADDRESS		1 STREET ADDRESS	1580 HARBOURSIDE Dr.
1 CITY-ST-ZIP		1 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33326
2 TITLE		2 TITLE	V ☐ Change ☒ Addition
2 NAME		2 NAME	William H. Carson
2 STREET ADDRESS		2 STREET ADDRESS	1580 Harbourside Dr
2 CITY-ST-ZIP		2 CITY-ST-ZIP	Ft. Lauderdale, Fla 33326
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I/We 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 above, or on an attachment with an address.

SIGNATURE: Susan W Carson / Susan W Carson — 4/18/95 — 305-384 4736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 305-384 0493

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