

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000025438 (9)

1. Corporation Name

CONSOLIDATED SYSTEMS GROUP, INC.



Principal Place of Business

Mailing Address

5795 HARBORSIDE DRIVE  
TAMPA FL 33615

5795 HARBORSIDE DRIVE  
TAMPA FL 33615

3. Date Incorporated or Qualified  
03/30/1995

3a. Date of Last Report  
FIRST REPORT

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

4. FEI Number

59-33 05247

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

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

81 Name

KENNETH G. BARBER

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

5795 HARBORSIDE DR

83

84 City

TAMPA

FL

85 Zip Code

33615

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 G. Barber* KENNETH G. BARBER PRES.

4/20/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BARBER, KENNETH G  
CITY-ST-ZIP 5795 HARBORSIDE DRIVE  
TAMPA FL 33615 PRESIDENT

TITLE ☐ DELETE  
NAME BARBER, SHARON A  
STREET ADDRESS 5795 HARBORSIDE DR  
CITY-ST-ZIP TAMPA, FL 33615 VICEPRESIDENT

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH G. BARBER PRESIDENT

Date

Daytime Phone #

4/20/96 813-855-2910

CR2E034 (12/95)