

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000035820 (6)

1. Corporation Name

CONSOLIDATED RESOURCES, INC.



Principal Place of Business

Mailing Address

5295 S.W. 135TH STREET  
OCALA FL 34473

5295 S.W. 135TH STREET  
OCALA FL 34473

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc

26

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

SAUEY, JEFFREY L  
21 N.E. FIRST AVENUE  
OCALA FL 34470

4. FEI Number

59-3313346

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

Signature (type for printed name of registered agent and then apply the

(F-01) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MCGINLEY, RICHARD  
CITY-ST-ZIP 5295 S.W. 135TH STREET  
OCALA FL 34473

TITLE ☒ DELETE

NAME D  
STREET ADDRESS BYRNES, MICHAEL  
CITY-ST-ZIP 5295 S.W. 135TH STREET  
OCALA FL 34473

TITLE ☒ DELETE

NAME D  
STREET ADDRESS LAMBERT, MICHAEL  
CITY-ST-ZIP 5295 S.W. 135TH STREET  
OCALA FL 34473

TITLE ☐ DELETE

NAME D  
STREET ADDRESS POSSIK, ROBERT  
CITY-ST-ZIP 5295 S.W. 135TH STREET  
OCALA FL 34473

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MCDUFFEE, JAMES  
CITY-ST-ZIP 5295 S.W. 135TH STREET  
OCALA FL 34473

TITLE ☒ DELETE

NAME D  
STREET ADDRESS KAPPEL, SCOTT  
CITY-ST-ZIP 5295 S.W. 135TH STREET  
OCALA FL 34473

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or or an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

CR2E034 (3/96)