

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000068447 (8)

1. Corporation Name

CONEXUS CONSULTING, INC.



Principal Place of Business

Mailing Address

595 MAIN ST  
DUNEDIN FL 34698

595 MAIN ST  
DUNEDIN FL 34698

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 22 Bishop Creek Dr.

22 City & State

27 City & State  
28 Safety Harbor FL

23 Zip Country

29 34695 30

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

10. Name and Address of New Registered Agent

BRANDT, MARK W  
595 MAIN ST  
DUNEDIN FL 34698

81 Name Stephen F. Ham

82 Street Address (P.O. Box Number is Not Acceptable)  
22 Bishop Creek Drive

84 City Safety Harbor

FL 85 Zip Code  
34695

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

Stephen F. Ham

Signature typed or printed name of registered agent and town if applicable

(If 3116 Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Thomas E. Campbell ☐ DELETE  
NAME President  
STREET ADDRESS 7417 Big Cypress Drive  
CITY-ST-ZIP Miami Lakes FL 33014

TITLE Secretary/Treasurer ☐ DELETE  
NAME Stephen F. Ham  
STREET ADDRESS 22 Bishop Creek Dr.  
CITY-ST-ZIP Safety Harbor FL 34695

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

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

100001918621  
-08/12/96--01009--001  
\*\*\*233.75

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 if changed, or on an attachment with an address.

SIGNATURE:

Stephen F. Ham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96

813-669-0016

Date

Phone Number

CR2E034 (3/96)