

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000069230 (7)

1. Corporation Name

CONSULTING PSYCHOLOGISTS, INC.



Principal Place of Business

600 E GOVERNMENT ST
PENSACOLA FL 32501

Mailing Address

600 E GOVERNMENT ST
PENSACOLA FL 32501

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

GRIFFING, CATHY
600 E GOVERNMENT ST
PENSACOLA FL 32501

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 607.0702 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 607.0905, Florida Statutes.

SIGNATURE

Cathy Griffing

Signature of Registered Agent (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETED
NAME	Rick Spencer	
STREET ADDRESS	1315 Lakeview	
CITY-STATE-ZIP	Pensacola, FL 32503	
TITLE	Vice President	☐ DELETED
NAME	Timothy J. Donovan	
STREET ADDRESS	1521 N. 14th Ave.	
CITY-STATE-ZIP	Pensacola, FL 32503	
TITLE	Secretary	☐ DELETED
NAME	Wendy E. McKee	
STREET ADDRESS	2810 Blackshear Ave.	
CITY-STATE-ZIP	Pensacola, FL 32503	
TITLE	Treasurer	☐ DELETED
NAME	James D. Larson	
STREET ADDRESS	7631 Brook Forest Way	
CITY-STATE-ZIP	Pensacola, FL 32514	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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***400.00

05-01-96 OK

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:

W. McKee 22D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Florida

CR2E034 (12/95)