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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095187 (7)

1. Corporation Name

MICROHARD CONSULTING, INC.

Principal Place of Business

480 BAKER RD
MERRITT ISLAND FL 32953
US

Mailing Address

480 BAKER RD
MERRITT ISLAND FL 32953
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

59-3351305

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

26. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
480 BAKER RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

BARBARA L. COFFEY

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

480 BAKER RD

83

84 City

MERRITT IS. FL

85 Zip Code

32953

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-98

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
ME COFFEY, BARBARA LYNN
2. STREET ADDRESS
290-2 SPRING DRIVE
3. CITY-STATE-ZIP
MERRITT ISLAND FL 32953

4. TITLE
VSD
5. NAME
COFFEY, THOMAS E
6. STREET ADDRESS
480 BAKER RD
7. CITY-STATE-ZIP
MERRITT ISLAND FL

8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY-STATE-ZIP

12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY-STATE-ZIP

16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP

20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

PTD
COFFEY, BARBARA LYNN
480 BAKER RD.
MERRITT ISLAND, FLA 32953

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated 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

Barbara L. Coffey

Barbara L. Coffey

4-18-98

407-455

CR2E034 (10/97)