

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S07166 (9)

1. Corporation Name

STEELTEK CONSULTING, INC.

Principal Place of Business

~~2265 LEE RD.~~
STE. 201
WINTER PARK FL 32789
US

Mailing Address

% BENJAMIN L. GALLOWAY
2265 LEE RD., STE 201
WINTER PARK FL 32789
- US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1990

3a. Date of Last Report

06/02/1994

4. FEI Number

59-3029727

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 C. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 831 N. Irma Ave

2a. Mailing Address

26 831 N. Irma

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando, FL

Zip

24 32803

Country

25 USA

Zip

29 32808

Country

30 USA

9. Name and Address of Current Registered Agent

GALLOWAY, BENJAMIN L.
1800 CURRY FORD RD.
ORLANDO FL 32808

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 607.0602 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 this designation of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4-24-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLOWAY, BENJAMIN
STREET ADDRESS	1800 CURRY FORD RD.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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, the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

(Date)

849-0010

(Signature Number)