

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:13

**DOCUMENT # S13331 (1)**  
1. Corporation Name  
**BUILDING TECHNOLOGY CONSULTANTS, INCORPORATED**

Principal Place of Business  
**1035 S FLORIDA AVE.  
#205  
LAKELAND FL 33803  
US**

Mailing Address  
**P. O. BOX 5035  
LAKELAND FL 33807  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/14/1990** 3a. Date of Last Report **06/14/1994**

4. FEI Number **59-3038673** 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

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 25 29 30

9. Name and Address of Current Registered Agent  
**FELL JR., JAMES E.  
1609 GEORGETOWN DRIVE  
LAKELAND FL 33811**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**No. 4 Courtney Lane**  
B3 **Crestview, FL**  
B4 City FL B5 Zip Code **32536**

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 title applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FELL, JAMES E</b>
STREET ADDRESS	<b>1530 GEORGETOWN DR.</b>
CITY ST ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>FELL, MICHAEL F</b>
STREET ADDRESS	<b>1934 NW 1ST AVE</b>
CITY ST ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>D</b>
NAME	<b>FELL, JAMES E JR</b>
STREET ADDRESS	<b>1609 GEORGETOWN DR.</b>
CITY ST ZIP	<b>LAKELAND FL</b>
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>No. 4 Courtney Lane</b>
1.4 CITY ST ZIP	<b>Crestview, FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>No. 4 Courtney Lane</b>
3.4 CITY ST ZIP	<b>Crestview, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 or the receiver or trustee designated by or to the 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: **3/24/95 (813) 682-3437**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**James E. Fell**