

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
21 Suite, Apt. #, etc. 22 City & State
23 Zip Country 24
2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State
28 Zip Country 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	D
NAME	FELL, JAMES E
STREET ADDRESS	1530 GEORGETOWN DR.
CITY ST ZIP	LAKELAND FL
TITLE	D
NAME	FELL, MICHAEL F
STREET ADDRESS	1934 NW 1ST AVE
CITY ST ZIP	GAINESVILLE FL
TITLE	D
NAME	FELL, JAMES E JR
STREET ADDRESS	1609 GEORGETOWN DR.
CITY ST ZIP	LAKELAND FL
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	No. 4 Courtney Lane
1.4 CITY ST ZIP	Crestview, FL
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	No. 4 Courtney Lane
3.4 CITY ST ZIP	Crestview, FL
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 appointed to 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: 

 (Signature, typed or printed name of signing officer or director) **James E. Fell** **3/24/95 (813) 682-3437**