

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 15 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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



| | |
|---|--|
| Principal Place of Business 1234 AIRPORT RD SUITE 103 DESTIN FL 32541 US | Mailing Address 1234 AIRPORT RD SUITE 103 DESTIN FL 32541-2924 US |
|---|--|

| | |
|--------------------------------|------------------------|
| 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 | 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/14/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3038673 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**FELL JR., JAMES E.
 #4 COURTNEY LANE
 CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name FELL JR., JAMES E. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 15 COURTNEY LANE |
| 83 |
| 84 City CRESTVIEW FL 85 Zip Code 32539 |

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *James E. Fell Jr.* **James E. Fell, Jr.** **4/8/97**
Signature typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FELL, JAMES E |
| STREET ADDRESS | #4 COURTNEY LANE |
| CITY-ST-ZIP | CRESTVIEW FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FELL, MICHAEL F |
| STREET ADDRESS | 1834 NW 1ST AVE |
| CITY-ST-ZIP | GAINESVILLE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FELL, JAMES E JR |
| STREET ADDRESS | #4 COURTNEY LANE |
| CITY-ST-ZIP | CRESTVIEW FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | FELL, MICHAEL F. |
| 2.3 STREET ADDRESS | 955 AIRPORT RD # 813 |
| 2.4 CITY-ST-ZIP | DESTIN, FL. 32541 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | FELL, JAMES E JR. |
| 3.3 STREET ADDRESS | 15 COURTNEY LANE |
| 3.4 CITY-ST-ZIP | CRESTVIEW FL 32539 |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *James E. Fell Jr.* **James E. Fell** **4/8/97** **9041542311**

CPRE034 (9/96)