

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

FILED
Apr 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 100 DESTIN FL 32541 US | Mailing Address 1234 AIRPORT RD SUITE 100 DESTIN FL 32541 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 215 MOUNTAIN DR. Suite, Apt. #, etc. 22 Suite 111 City & State 23 DESTIN, FL Zip 24 32541 Country 25 US | 2a. Mailing Address 26 215 MOUNTAIN DR. Suite, Apt. #, etc. 27 Suite 111 City & State 28 DESTIN, FL Zip 29 32541 Country 30 US |
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| | | |
|---|--|--|
| 3. Date Incorporated or Qualified 11/14/1990 | 4. FEI Number 59-3038673 | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

| | |
|--|---|
| FELL JR., JAMES E. 15 COURTNEY LANE CRESTVIEW FL 32536 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 85 Zip Code |

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

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.* (NOTICE: Registered Agent signature required when reinstating) DATE

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 | 955 AIRPORT ROAD, #813 | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FELL, JAMES E JR | |
| STREET ADDRESS | 15 COURTNEY LANE | |
| CITY-ST-ZIP | CRESTVIEW FL 32536 | |
| 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 | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | FELL, JAMES E | |
| 1.3 STREET ADDRESS | 4000 US HWY 98 Gulf Terrace Unit 233 | |
| 1.4 CITY-ST-ZIP | DESTIN, FL 32541 | |
| 2.1 TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | DESTIN, FL 32541 | |
| 3.1 TITLE | Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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 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.* 4/1/98

CPRE034 (10/97)