

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32818 (4)

1. Corporation Name

BIOMETRICS UTILITY CONSULTANTS/RWH INC.

Principal Place of Business

Mailing Address

1409 MELSHIRE AVE
DELTONA FL 32738
US

1409 MELSHIRE AVE
DELTONA FL 32738
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1991

3a. Date of Last Report

03/08/1994

4. FEI Number

59-3048569

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLA, MAUREEN A
1409 MELSHIRE AVE
DELTONA FL 32738

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 607.0505 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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY, ST, ZIP
5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY, ST, ZIP
9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY, ST, ZIP
13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY, ST, ZIP
17. 17. TITLE
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. 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 Sections 119.07(1)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or authorized to execute this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE

(Signature of Registered Agent or Director)

Apr 27, 1995 (467) 860-3148