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 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44653** **(1)**

1. Corporation Name
OSWALD-NEWMAN CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
13515 BELL TOWER DR STE 302 FORT MYERS FL 33907	13515 BELL TOWER DR STE 302 FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business	2a. Mailing Address
21 820 Hofstra Drive	26 P.O. Box 08129
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort Myers, FL	28 City & State: Fort Myers, FL.
24 Zip: 33919 25 County: Lee	29 Zip: 33908 30 County: LEE

4. FEI Number: 65-0256130 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS FL 33907	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 607.0502 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 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PENDER, JAMES R	12 NAME	
STREET ADDRESS	13515 BELL TOWER DR	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	NEWMAN, JUDITH H	22 NAME	Judith H. Newman
STREET ADDRESS	13515 BELL TOWER DR	23 STREET ADDRESS	820 Hofstra Drive
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	Ft. Myers, FL.
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BRACCI-ROBERT A	32 NAME	
STREET ADDRESS	13515 BELL TOWER DR	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	STD ☐ Change ☒ Addition
NAME		42 NAME	Gregory M. Timko
STREET ADDRESS		43 STREET ADDRESS	820 Hofstra Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Gregory M. Timko, Gregory M. Timko 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date

813-481-6691
Area Code & Daytime Phone Number

0321836 CP