

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:17

DOCUMENT # **S97467** (2)  
1. Corporation Name  
**ITC CONSULTANTS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**804 WEST LAKE JESSIE DRIVE  
WINTER HAVEN FL 33883  
US** **PO BOX 9114  
P O BOX 9114  
WINTER HAVEN FL 33883  
US**

3. Date Incorporated or Qualified **12/03/1991** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-3097395** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 33881 28. Zip Country 29. Zip Country 30. Country

9. Name and Address of Current Registered Agent  
**NORDBY, MARK  
804 W LAKE JESSIE DR NW  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent  
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 of person named as registered agent and their applicable (P.O. Box Number is Not Acceptable) Registered Agent Signature (Required when Resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPT</b>
NAME	<b>NORDBY, MARK</b>
STREET ADDRESS	<b>804 W LAKE JESSIE DR</b>
CITY ST ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>DSV</b>
NAME	<b>COLLINS, WILLIAM</b>
STREET ADDRESS	<b>804 W LAKE JESSIE DR</b>
CITY ST ZIP	<b>WINTER HAVEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>← OFFICER NO LONGER WITH COMPANY</b>
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
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 149.07(3)(a), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an affidavit.

SIGNATURE: *Mark Nordby* President 3/24/95 813 965-1185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR