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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # V25950 (9)

1. Corporation Name

ASSOCIATED BUSINESS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1414 SWANN AVE 201 TAMPA FL 33606 US	1414 SWANN AVE 201 TAMPA FL 33606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/02/1992

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite Apt. # — 22 / 27

City & State — 23 / 28

Zip / County — 24 / 25 / 29 / 30

4. FEI Number: 59-3128037 ☐ 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 is liable for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS, MALCOLM C.
1414 SWANN AVE
201
TAMPA FL 33606

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 Section(s) 607.1005 and 607.1006 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(s) 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
D BLANCHARD, G. ROBERT, SR 1414 SWANN AVE #201 TAMPA FL	☐ Change ☐ Addition
D BLANCHARD, G. ROBERT, JR 1414 SWANN AVE #201 TAMPA FL	☐ Change ☐ Addition
PD HARRIS, MALCOLM C. 1414 SWANN AVE #201 TAMPA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, all of the information required by the Florida Statutes to be included in this report is true, accurate and complete as of the date this report is executed. I further certify 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 above or on an attachment with an address.

SIGNATURE: M C Harris — 4/21/95 — (813) 251-3937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. C. HARRIS

Date — Telephone Number

0291746 CP