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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:12

DOCUMENT # V26118 (2)

1. Corporation Name
J & E CONSULTANTS, INC.

Principal Place of Business
8022 OFFICE COURT
P.O. BOX 593773
ORLANDO FL 32859
US

Mailing Address
8022 OFFICE COURT
P.O. BOX 593773
ORLANDO FL 32859
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1992
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-3122936 — Applied For / Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution: [ ] $5.00 May Be Added to Fees
8. Does corporation has liability to disclose its stock by Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business
21 543 BELLTOWER Ave
22
City & State
23 DELTONA, FLA
Zip 24 32725 Country 25 VOLUSIA

2a. Mailing Address
26 543 BELLTOWER Ave
27
City & State
28 DELTONA, FLA
Zip 29 32725 Country 30 VOLUSIA

9. Name and Address of Current Registered Agent
RODNEY, JOHN P
543 BELLTOWER AVE
DELTONA FL 32725

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ROONEY, ELIZABETH
STREET ADDRESS	543 BELLTOWER AVE.
CITY ST ZIP	DELTONA FL 32725
TITLE	P
NAME	ROONEY, JOHN
STREET ADDRESS	543 BELLTOWER AVE.
CITY ST ZIP	DELTONA FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change [ ] Add/Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Add/Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Add/Delete
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	[ ] Change [ ] Add/Delete
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this report is accurate and does not exceed, by the compilation, Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and correct and that the corporation has complied with all applicable provisions of Florida Statutes. I further certify that I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Florida Statutes and that my name appears on Block 12 or Block 13 if changed or added with this address.

SIGNATURE: JOHN PATRICK ROONEY John Patrick Rooney 1/16/95 407-574-3356
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0410003 FP