

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V37761** (6)

1. Corporation Name

**DEMUTH CONSULTANTS, INC.**



Principal Place of Business

**1222 TYRINGHAM DRIVE  
EUSTIS FL 32726**

Mailing Address

**1222 TYRINGHAM DRIVE  
EUSTIS FL 32726**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**FELDMAN, JOHN  
215 N JOANNA AVE  
TAVARES FL 32778-3200**

3. Date Incorporated or Qualified  
**05/19/1992**

3a. Date of Last Report  
**02/06/1995**

4. FEI Number  
**59-3124173**

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

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and his/her address

(If not a registered agent, signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D  
FELDMAN, H JOHN**  
STREET ADDRESS **215 N JOANNA AVE**  
CITY-ST-ZIP **TAVARES FL**

TITLE ☐ DELETE

NAME **PTD  
DEMUTH, SHARON**  
STREET ADDRESS **1222 TYRINGHAM RD.**  
CITY-ST-ZIP **EUSTIS FL**

TITLE ☒ DELETE

NAME **VPSD  
DEMUTH, BROCK**  
STREET ADDRESS **1222 TYRINGHAM RD.**  
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**VPSD  
Demuth, Brock  
1222 Tyringham Rd.  
Eustis, FL** **delete - deceased**

☐ Change ☒ Addition

**VPSD  
Demuth, Bonnie  
12635 Wedgfield Dr.  
Grand Island, FL 34788**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

**Sharon Demuth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-96**  
Date

**904-589-6997**  
Daytime Phone #

CR2E034 (12/95)