FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 120418 (9) COLE CONSULTING, INC. Principal Place of Business Mailing Address 4144 CENTRAL AVENUE 4144 CENTRAL AVENUE ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 3. Date Incorporated or Qualified 07/17/1929 2. Principal Place of Business Mailing Address 4, FEI Number 21 59-0976251 26 Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 81 Name GARDNER, COLE C. 4144 CENTRAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33711 83 84 City SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE COLE, GARDNER C. JR. NAME 1.2 NAME **4144 CENTRAL AVENE** STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME

## **FILED** Mar 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required **\$5.00** May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Yes 10. Name and Address of New Registered Agent 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Change Addition STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZiP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

6. C. Colo Tr.

3/16/88