## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 611407

(8)

ERICKS CONSULTANTS, INC.

Principal Place of Business Mailing Address 205 \$ ADAMS 205 S ADAMS PO BOX 10131 PO BOX 10131 TALLAHASSEE FL 32301-1720 TALLAHASSEE FL 32301 US 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1979 05/01/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 26 59-2722222 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Country Country Zip  $Z_{1}p$ This corporation has liability for intangible tax under s. 199.032, Yes No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ERICKS, DAVID 725 E. JEFFERSON ST. 205 S. ADAMS 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 ADAM 5 83 City 84 Zin Code 85 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, typed or prateo name of registered agent and title. Lappricable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition THE 11 TITLE ERICKS, DAVID L. 1.2 NAME NAME 205 S. ADAMS ST. STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-7/2 DELETE ☐ Change Addition THLE 21 THILE ERICKS, KATHERINE 22 NAME NAME 205 S. ADAMS ST. STREET ADDRESS 23 STREET ADDRESS TALLAHASSEE FL CITY - ST - ZIP 2 4 CITY+ST-ZIP DELETE Addition Change THEF 31 TITLE 32 NAME 3.3 STREET ADDRESS

14. I do 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

6.4 CITY-ST-ZIP

34. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

41 TITLE **4.2 NAME** 

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CHY-SI-7P

TIT:E

NAME STREET ADDRESS

TIT.E NAME

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS OTY - \$1 - 7/P

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Addition

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Feb 14 1997 8:00am

Secretary of State