

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

DOCUMENT # **L80608** (7)

1. Corporation Name:

BLOOMINGDALE CONSULTING GROUP, INC.

Principal Place of Business:

% RICHARD B. BECKLEY
1421 HOLLEMAN DR
VALRICO FL 33594

Mailing Address:

% RICHARD B. BECKLEY
1421 HOLLEMAN DR
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/13/1990

3a. Date of Last Report

05/01/1994

4. FCI Number

59-3019185

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 the U.S.
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business:

21

2b. Mailing Address:

26

State: Apt. # etc.

22

State: Apt. # etc.

27

City & State:

23

City & State:

28

24

25

29

30

9. Name and Address of Current Registered Agent

BECKLEY, RICHARD B.
1421 HOLLEMAN DR
VALRICO FL 33594

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 607.04(2) and 607.15(4) 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 Sections 607.04(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent (Agent must be a resident of Florida)

Signature of Registered Agent (Agent must be a resident of Florida)

Date

12. OFFICERS AND DIRECTORS

NAME

D
BECKLEY, RICHARD B.
1421 HOLLEMAN DR
VALRICO FL

STREET ADDRESS

CITY, STATE, ZIP

NAME

D
BECKLEY, NANCY J.
1421 HOLLEMAN DR
VALRICO FL

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

5. NAME

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

9. NAME

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

17. NAME

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

21. NAME

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.04(2)(b) Florida Statutes. I further certify that the information included 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 have been empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears on Block 1, on the front of this report, or on an attachment with an address.

SIGNATURE:

Richard B. Beckley
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/30/95 (813)744-4092