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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M64366

1. Corporation Name MIDRANGE CONSULTANTS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90102 036 ***150.00

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|--------------------------------|---|------------------------------------|---------------------|-------|-------------------------------|--|----------------|-------------|------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | | | | | | |
| P.O. BOX 2708 SARASOTA FL | | P.O. BOX 2708 Sarasota Fl 34230 | | | | | | | | |
| | • | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed 01/12/1988 | | | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | 7.1 | Applied For | |
| 2. Principal Place of Business | | — · | 26 | | | 65-0024666 | | | Not Applicable | |
| 21 Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | \$8.7 | 5 Additional | |
| ¬ · | | <u> </u> | 27 | | | 5. Certifcate of Status Desired | Fee | Required | | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.0 | 00 May Be | |
| 23 | | 28 | ⊢ • | | | Trust Fund Contribution | | | ed to Fees | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes the curren | t year Inta | ngible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | | |
| | | | | 81 | Name | | | | | |
| | SSE, JOHN W | * | 82 Street A | | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | | |
| | 2ND STREET | | | _ | 0001710070 | | | | | |
| | E 715 | | | 83 | | | | | | |
| SAH | ASOTA FL 34236 | | | 84 | City | | FL | 85 Z | ip Code | |
| | | | | | | the state of the state of the state of | | hooging | its societared | |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig | e of Florida. Such change was a | authorized | by ti | named corpo he corporation | ration submits this statement for the purish board of directors. I hereby accept | he appoin | tment as | registered | |
| SIGNATURE | | A LOTT | - | • | signature required | when reinstation | DATE | | | |
| Cignature, types of principles | | | 13. | Agent | Signature required | ADDITIONS/CHANGES TO OFFI | | DIREC | TORS IN 12 | |
| 12. | PVTS | DELETE | 1,1 TIT | LE | | 7.0000000000000000000000000000000000000 | | ☐ Chan | | |
| J | PRESTON, DAVID E. | _ | 12 NA | | | | | | | |
| NAME . | 1800 2ND STREET, SUITE 71 | 5 | | | ADDRESS | | | | | |
| STREET ADDRESS | SARASOTA FL 34236 | • | 1.4 CIT | | | | | | | |
| CITY-ST-ZIP TITLE | D | ☐ DELETE | 2.1 TIT | | ·Zir | | | ☐ Chang | ge 🔲 Addition | |
| | PRESTON, DAVID E | _ | 2.2 NA | | ŀ | | | | | |
| NAME | 1800 2ND STREET, SUITE 71 | 5 | | | ADDRESS | | | | | |
| STREET ADDRESS | SARASOTA FL 34236 | | 2.4 CI | | | | | | | |
| CITY-ST-ZIP TITLE | VAILOUTA TE UTEUU | DELETE | 3.1 TIT | - | -45 | | ; - | Chang | ge [] Addition | |
| | | | 3.2 NA | | | | | , | , | |
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| STREET ADDRESS | | | 3.4. CF | | 1 | | | | 1 | |
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| NAME: \$100 | भागितः विकासम्बद्धाः वर्षः | _ | 5.2 NA | | | | • | | , | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | | | | } | |
| | The War Commence of the | , | 5.4 CIT | | | | | | | |
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| | profit the second | | 6.2 NA | ME | | € | | | | |
| STREET ADDRESS | | | 6.3 STI | REETA | ADDRESS | | | | { | |
| SINEE I ADDRESS | | | | | | | | | | |

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, with all other like empowered.

SIGNATURE: President (614)277-0448