


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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90136 011 ***158.75

0388111

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000030130
 1. Corporation Name
THRESHOLD CONSULTING SERVICES, INC.



Principal Place of Business 2709 ROCKY POINT DR STE 103 TAMPA FL 33607 US	Mailing Address 2709 ROCKY POINT DR STE 103 TAMPA FL 33607 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 N. GARDEN AVE. Suite, Apt. #, etc. 22	2a. Mailing Address 26 200 N. GARDEN AVE Suite, Apt. #, etc. 27
23 CLEARWATER FL City & State 24 33755 25 USA Zip Country	28 CLEARWATER, FL City & State 29 33755 30 USA Zip Country

3. Date Incorporated or Qualified 04/01/1996	4. FEI Number 59-3373071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 PATTERSON, PATRICIA D
 150 WOODCREEK DR N
 SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Patricia D. Patterson* PATRICIA D. PATTERSON 2-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	PATTERSON, ROBERT K	
STREET ADDRESS	150 WOODCREEK DRIVE NORTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PATTERSON, PATRICIA D	
STREET ADDRESS	150 WOODCREEK DR N	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATTERSON, STEVEN B	
STREET ADDRESS	774 SNUG ISLAND	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEEGAN, JOHN T	
STREET ADDRESS	2194 FEATHER SOUND DR	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other life empowered.

SIGNATURE: *Patricia D. Patterson* PATRICIA D. PATTERSON 2/26/99 727-467-0626
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)