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

PROFIT CORPORATION ANNGAL REPORT 🧳 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 120418

COLE CONSULTING, INC.

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Principal Pla	ce of Business	Mailing Addre	ss					#** #*#** # ***	1 61811 41811 1981
4144 CENTRAI		4144 CENTRAL							
ST. PETERSBU	JRG FL 33711	ST. PETERSBUI	RG FL 33711			DO NOT	WRITE IN T	UIC CDACE	
						3. Date Incorporated or Qua		NIS SFACE	
						07/17/1929	illou		
2. Principal I	Place of Business	2a. Mailing Ad	Idress			4. FEI Number			Applied For
21		26				59-0976251		<u> </u>	ot Applicable
Suite, Apt	#, etc.	Suite, Apt.	#. etc.						Additional
22		27				5. Certifcate of Status Desire	ed 🗆		Required
City & Sta	ite	City & Stat	te			6. Election Campaign Finance	ina	\$5.00	May Be
23		28				Trust Fund Contribution	g 🗆		to Fees
Zip	Country	Zip		Country		8. This corporation owes the	current year	Intangible	
24	25	29	30			Personal Property Tax.	, , ,	Yes	□No
	9. Name and Address of Cur	rent Registered Agen	nt			10. Name and Address of N	ew Register	ed Agent	
		₹,1		81	Name				
	RDNER, COLE C.			82	Street Ad	ddress (P.O. Box Number is Not Ac	rentable)		
	4 CENTRAL AVE			"-	000171.0	Sales (F. 10. Dox Hamber to Hotel	optable)		4.74 Gr2 195
ST	PETERSBURG FL 33711			83				1 1 1 1 1 1	3. 60.5
				-	0:5.		· · · · · · · · · · · · · · · · · · ·	10-1 -:-	* \$12,1 12.5 ************************************
			•	84	City		F	85 Zip	Code
11. Pursuan	to the provisions of Sections 607.0	0502 and 607 1508, Flo	orida Statutes, th	he above	e-named co	propration submits this statement for	the purpose	of changing it	s registered
" 'office or	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such cha	ange was author	rized by	the corpora	ation's board of directors. I hereby a	ccept the ap	pointment as r	egistered
			7 0505 Florida 9	Statutes					
		nigations of, Section of	7.0505, Florida \$	Statutes	•				
SIGNATURE			r			uired when reinstating)	DATE		
	Signature, typed or printed name of registered		(NOTE: Regis			uired when reinstating) ADDITIONS/CHANGES TO			ORS IN 12
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regis	stered Agen					
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable.	(NOTE: Regis	stered Agen				AND DIRECT	
SIGNATURE 12. IIILE	Signature, typed or printed name of registered OFFICERS PD COLE, GARDNER C. JR.	agent and title if applicable.	(NOTE: Regis	13.	it signature requ			AND DIRECT	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD COLE, GARDNER C. JR. 4144 CENTRAL AVENE	agent and title if applicable.	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS			AND DIRECT	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered OFFICERS PD COLE, GARDNER C. JR.	egent and title if applicable. AND DIRECTORS	(NOTE: Regis	13. 1.1 TITLE 1.2 NAME	ADDRESS			AND DIRECT	Addition
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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 or an effective and with an address, with all other like empowered.

6.4 CITY-ST-ZIP

727 323 8000

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90033 040 ***150.00

CR2E034 (11/98)