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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 520595



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am Secretary of State **Katherine Harris** 02-24-1999 90129 027 \*\*\*150.00

HAD! EY					\			
HADLEY CONSULTING GROUP, INC.								:551
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Principal Place of Business Mailing Address								
2175 9TH STREET 2175 9TH STREET SARASOTA FL 34237 SARASOTA FL 34237								
OHINOOTR , L	VIEU,	0.111.100.11.12.01.12.01			DO NOT WRI	TE IN THIS SI	PACE	
					3. Date Incorporated or Qualifed			i
					12/20/1976			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		<u> </u>	olied For
21			rst Stree	et	<u>59-1712577</u>	<del></del>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	c. 		5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red	l I
City & Stat	te	City & State		_	6. Election Campaign Financing		\$5.00	
23			a, Florid	la	Trust Fund Contribution		Added to	Fees
Zip	Country	Zîp	Country		8. This corporation owes the cur	_	_	
24	25	29 34236	30		Personal Property Tax.		<u> </u>	□ No
	9. Name and Address of Curren	nt Registered Agent	81	Name '	10. Name and Address of New	Registered Ag	Jeur .	
HAD	DLEY, ROSS F. C.		I.T.					
2175 9TH STREET					ss (P.O. Box Number is Not Accept	able)		
	ASOTA FL 34237		83	1590	<u>First Street</u>			
			84	City		FL	85 Zip Q 3 4 2	236
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the above-r	named corpo	ration submits this statement for the	purpose of ch	anging its	registered
l office or r	registered agent, or both, in the State im familiar, ith, and accept the obliga	of Florida. Such change	was authorized by the	ne corporation	n's board of directors. I hereby acce	pt trie appoint	Henras reg	Jistered
ayent, ra	in samiliar sitti, and education obligo							
-	March C. S.	deces		C. 44.	Ne.A	x 2-1	4-91	<b>^</b>
SIGNATURE	Signature, typed or printed name of registered age	ent and title if application.	7 . E	C. HA-		x Z-/		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable.  ND DIRECTORS	Ross F; (NOTE: Registered Agent su		When reinstating)  ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
SIGNATURE	OFFICERS AN PSD	ent and title if application.	(NOTE: Registered Agent satisfies 13.			FICERS AND		
SIGNATURE	OFFICERS AN PSD HADLEY, ROSS F. C.	ent and title if applicable.  ND DIRECTORS	(NOTE: Registered Agent state)  13.  TE 1.1 TITLE 1.2 NAME	signature required	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	OFFICERS AN PSD HADLEY, ROSS F. C. 2175 9TH STREET	ent and title if applicable.  ND DIRECTORS	(NOTE: Registered Agent st.)  13.  TE 1.1 TITLE 1.2 NAME 1.3 STREET AL	DDRESS 1	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN PSD HADLEY, ROSS F. C.	ent and title if applicative.  ND DIRECTORS  DELE	(NOTE: Registered Agent st.  13.  TE 1.1 TITLE  1.2 NAME  1.3 STREET AI  1.4 CITY-ST-Z	DDRESS 1	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO:	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PSD HADLEY, ROSS F. C. 2175 9TH STREET	ent and title if applicable.  ND DIRECTORS	(NOTE: Registered Agent st.  13.  TE 1.1 TITLE  1.2 NAME  1.3 STREET AI  1.4 CITY-ST-2  TE 2.1 TITLE	DDRESS 1	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HADLEY, ROSS F. C. 2175 9TH STREET SARASOTA FL	not and title if applicate.  ND DIRECTORS  DELE  DELE	(NOTE: Registered Agent size)  13.  TE 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-ST-2  TE 2.1 TITLE 2.2 NAME 2.3 STREET AI 2.4 CITY-ST-2  TE 3.1 TITLE 3.2 NAME 3.3 STREET AI 3.4 CITY-ST-2  TE 4.1 TITLE 4.2 NAME 4.3 STREET AI 4.4 CITY-ST-2  4.4 CITY-ST-2  4.5 STREET AI 4.7 STREET AI 4.7 STREET AI 4.8 CITY-ST-2  4.1 CITY-ST-2  4.1 CITY-ST-2  4.2 NAME 4.3 STREET AI 4.4 CITY-ST-2	DDRESS 1 S DDRESS 2IP DDRESS 2IP DDRESS 2IP	ADDITIONS/CHANGES TO OF	236	DIRECTO:	RS IN 12 Addition Addition Addition
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6.4 CiTY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

لا :SIGNATURE