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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 541580

(7)

Mailing Address

HYDE AND ASSOCIATES CONSULTANTS, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				4 todiler dirtit didder erfan drider titerir dater differ anari anari anari anari anari			
12730 NEW BRITTANY BLVD. SUITE 304			12730 NEW BRITTANY BLVD. SUITE 304							
FT. MYERS FL	33907	FT. MYERS FL 33907-3646	FT. MITERS FL 33907-3646 US				1 - 6	<u> </u>	D	
US		05				 Date Incorporated or Qualified 07/27/1977 				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26	26			59-1833810 Not Applicable				
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional			Additional	
22		27	27			s. Certificate of Statos Desired		Fee	Required	
City & State	e	City & State				6. Election Campaign Financing		\$5.0	O May Be	
23		28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i	ntangible	tax under	s. 199.032,	
24 25 29 3				p Florida Statutes Yes No						
	9. Name and Address of C	ırrent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
HYD	e, robert j			81	Name					
12730 NEW BRITTANY BLVD. SUITE 304				82 Street Address (P.O. Box Number is Not Acceptable)						
FT M	AYERS FL 33907			-	on our rac	arodo (* .o. Box Humbor is Hot Modephan				
	-			83			······································			
								-TT		
				84	City		FL	85 Zij	p Code	
11. Pursuant	to the provisions of Sections 603	7,0502 and 607 1508. Florida Statute	es, the al	oove	-named cor	poration submits this statement for the p	urnose of	changing	its registered	
office or r	registered agent, or both, in the	State of Florida. Such change was a	uthorize	d by	the corpora	ation's board of directors. I hereby accep	t the app	ointment a	as registered	
agent i a	am ramit ar with, and accept the o	obligations of, Section 607.0505, Flo	rida Stat	utes						
SIGNATURE	Signature, type dipriphilled hame of regeter	of several arm title if armin able (NOTE	Begistere	acA in	nt signature regi	uired when reinstating)	DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	*****	DIRECTO	ORS IN 12	
TITLE	ST	DELETE	1.1 TI	TLE			·····	Change	e Addition	
NAME	HYDE, ROBERT J.		1.2 N	AME						
STREET ADORESS	12730 NEW BRITTANY BL	/D. #304	1351	REET	ADDRESS					
CITY-ST-ZIP	FT MYERS, FL 00000		1.4 01							
TITLE	P	DELETE	2.1 ()		1-211			Change	e Addition	
NAME	HYDE, ROBERT J		2.2 N/							
STREET ADDRESS	12730 NEW BRITTANY BL	/D. #304			ADDRESS					
	FT MYERS, FL 00000				T - ZIP					
CITY ST-ZIP	11 1111 2110; 1 2 0 0 0 0	☐ DELETE	3,1 1		DI • ERF			Change	e Addition	
			3.2 N/							
NAME expect about or					ADDRESS					
STREET ADDRESS										
CHY-ST-ZIP TITLE		DELETE	3.4. C		iT-ZIP			Change	e Addition	
		percit	4.1 II					Vinings	- Last Fide (Col)	
NAME					*000E00					
STREET ADDRESS		LAM A & 1007			ADDRESS					
CITY-ST-7if*		THM O O LAST	4.4 C		r - ZiP			Change	e Addition	
THILE		☐ DELETE	5.1 TI					L CHANGE	a C Manifoli	
NAME			5.2 N							
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			5.4 C	_	T-21P			T (05		
TITLE		DELETE	6.1 TI		1			Change	e L Addition	
NAME			6.2 N	AME						
STREET ADDRESS	2		6.3 S	TREET	ADDRESS					
CITY - ST - ZIP			64 C	TY-S	T- ZIP					
14. I do here	by cert ly that the information su on indicated on this annual cour	pelies with this filing does not qualify	y for the	exe	mption state	ed in Section 119 07(3)(i), Florida Statute at my signature shall have the same lega	s. I furthe	r certify the	at the	
Lam an c	officer or director of the corporat	the aceiver or trustee empowi	ered to a	exec	ute this rep	ort as required by Chapter 607, Florida 5	Statutes; a	nd that m	y name	
	in Block 12 or Block 13 / ing	of r or an attachment with an add	ress.		,					

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 17 1997 8:00am

Secretary of State