

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

FILED
Mar 03 1997 8:00am
Secretary of State

DOCUMENT # 574550

(0)

1. Corporation Name

LAMPL/HERBERT CONSULTANTS, INC.



Principal Place of Business

546 E. CALL STREET
P.O. BOX 10129
TALLAHASSEE FL 32302

Mailing Address

546 E. CALL STREET
P.O. BOX 10129
TALLAHASSEE FL 32302-2129

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/02/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1960341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMPL, LINDA L
546 E CALL ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(Signature of person who is not a registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HERBERT, THOMAS	
STREET ADDRESS	546 E CALL ST	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	POS	<input type="checkbox"/> DELETE
NAME	LAMPL, LINDA L	
STREET ADDRESS	546 E CALL ST	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BUTSCH, MARK J	
STREET ADDRESS	1162 OLD FORT DRIVE	
CITY - ST - ZIP	TALLAHASSEE, FL 00000	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	BUTSCH, MARTHA A Bullock	
STREET ADDRESS	4800 SW 67TH AVENUE, #144	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURTON, PATRICIA	
STREET ADDRESS	1163 OLD FORT DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL	
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	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTHA A. Bullock
4.3 STREET ADDRESS	SAME
4.4 CITY - ST - ZIP	SAME
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jan 97

Date

(904) 224-6344

Daytime Phone #

CR2E034 (9/96)