

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

FILED
Mar 05 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |
|--|--|



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1978

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| 24 | 29 |
| Country | Country |
| 25 | 30 |

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, typed or printed name of registered agent and title if 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 | PDS | <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 | 1163 OLD FORT DRIVE | |
| CITY-ST-ZIP | TALLAHASSEE, FL 00000 | |
| TITLE | VDT | <input type="checkbox"/> DELETE |
| NAME | BULLOCK, MARTHA A | |
| 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 | 1163 OLD Fort Drive |
| 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)(f), 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, 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:

[Handwritten Signature] **Document 574550 (0) 03/05/98**

CR2E034 (10/97)