

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 574550

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Delete Call Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

Keep Po Box

City & State

City & State

28

SAME

Zip

Zip

29

SAME

Country

Country

30

9. Name and Address of Current Registered Agent

LAMPL, LINDA L
546 E CALL ST
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

1.1 TITLE ☐ DELETE

NAME HERBERT, THOMAS

STREET ADDRESS 546 E CALL ST
CITY-ST-ZIP TALLAHASSEE, FL 000001.2 TITLE ☐ DELETE

NAME LAMPL, LINDA L

STREET ADDRESS 546 E CALL ST
CITY-ST-ZIP TALLAHASSEE, FL 000001.3 TITLE ☐ DELETE

NAME BUTSCH, MARK J

STREET ADDRESS 1183 OLD FORT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 000001.4 TITLE ☐ DELETE

NAME BULLOCK, MARTHA A

STREET ADDRESS 4600 SW 87TH AVENUE, #144
CITY-ST-ZIP MIAMI FL1.5 TITLE ☐ DELETE

NAME BURTON, PATRICIA

STREET ADDRESS 1163 OLD FORT DRIVE
CITY-ST-ZIP TALLAHASSEE FL1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Tallahassee FL 32301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Tallahassee FL 32301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Tallahassee FL 32301

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

614 NW 130 Avenue
Pembroke Pines FL 33028

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Tallahassee FL 32301

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JAMES M. BULLOCK
614 NW 130 Avenue
Pembroke Pines FL 33028

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Feb 99

Date

850.222.4634

Daytime Phone #

CR2E034 (11/98)