

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F41532 (5)
 1. Corporation Name
SOUTHERN PENSION CONSULTANTS, INC.



Principal Place of Business 1019 COURTNEY DR #16 FORT MYERS FL 33901 US	Mailing Address PO BOX 60153 FORT MYERS FL 33906 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 146 2nd Street No	26 SAME			08/21/1981	
Suite, Apt. #, etc. 22 Ste 104		Suite, Apt. #, etc. 27		4. FEI Number	
City & State 23 St. Petersburg, FL		City & State 28		59-2123273	
Zip 24 33701	Country 25 Pinellas	Zip 29	Country 30	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RICE, BILLY J 1919 COURTNEY DR 16 P O BOX 60153 FT MYERS FL 33906				81 Name Ronald J. Harvey 82 Street Address (P.O. Box Number is Not Acceptable) 146 2nd Street No, Ste 104 83 84 City St. Petersburg FL 85 Zip Code 33701	
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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Luisa V. Harvey				DATE 4/28/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, BILLY J	1.2 NAME	Ronald J. Harvey
STREET ADDRESS	1919 COURTNEY DR #16	1.3 STREET ADDRESS	146 2nd Street, No - ste 104
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Treasurer/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Luisa V. Harvey
STREET ADDRESS		2.3 STREET ADDRESS	146 2nd Street No - ste 104
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 **Luisa V. Harvey** DATE **4/28/98** 813-867-1000

CR2E034 (10/97)