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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED

May 02 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # F9300004248 (1)

LONG CONSULTING, INC.

CiTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Principal Place of Business Mailing Address **808 CUTLASS** 609 CUTLASS AUSTIN TX 78734-4315 **AUSTIN TX 78734** 3a. Date of Last Report 3. Date Incorporated or Qualified 09/20/1993 05/01/1996 Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2255539 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes □ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LONG, JANE 101 NW 28TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32607** 83 84 Zip Code City 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** Sighalure, typed or pointed name of registered agent and fit int applicable (NOTE: Begistered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) PSI DELETE Change ___ Addition TITLE 1.1 TITLE LONG, GARY NAME 1.2 NAME 608 CUTLASS STREET ADDRESS 1.8 STREET ADDRESS **AUSTIN TX 78734** CITY-ST-ZIP 1.4 CITY - ST - ZIE DELETE 2.4 1011€ Change ___ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 20⁵ DELETE Change Addition TITLE 3.4 111118 3.P NAME STREET ADDRESS 3 B STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition TITLE 4.1 THILE NAME 4 2 NAMS STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-7IP DELETE Change Addition TITLE 51 1IILE NAME 5.2 NAME STREET ADDRESS **58 STREET ADDRESS**

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 logal effect as if made under oath; that I am an officer or director of the corporate for the receiver or flusted 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 attribution with an address.

54 CITY - ST - 7IP

6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

61 TITLE 62 NAME

DELETE