

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90041 018 ***150.00

DOCUMENT # F96000005014

1. Corporation Name

ELIZABETH MORELAND CONSULTING, INC.

Principal Place of Business

339 EAST UNIVERSITY AVENUE
ORANGE CITY FL 32763

Mailing Address

339 EAST UNIVERSITY AVENUE
ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

39-1842200

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

21 125 May St

Suite, Apt. #, etc.

22 Orange City FL

City & State

23 Orange City FL

Zip

Country

24 32763 25 USA

2a. Mailing Address

26 125 May St

Suite, Apt. #, etc.

27 Orange City FL

City & State

28 Orange City FL

Zip

Country

29 32763 30 USA

9. Name and Address of Current Registered Agent

EKMAN, JAMES M
339 E UNIVERSITY AVENUE
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent

81 Name

James M. Ekman

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

5758 Fox Hollow Rd

83

84 City

DeLeon Springs FL

85 Zip Code

32130

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)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME MORELAND, ELIZABETH
STREET ADDRESS 339 E. UNIVERSITY AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE VCST ☐ DELETE

NAME EKMAN, JIM
STREET ADDRESS 339 E. UNIVERSITY AVENUE
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 5758 Fox Hollow Rd
1.4 CITY-ST-ZIP DeLeon Springs FL 32130

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ST
2.3 STREET ADDRESS Jim Ekman
2.4 CITY-ST-ZIP 5758 Fox Hollow Rd
DeLeon Springs FL 32763

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Sharon Ivey
3.3 STREET ADDRESS 132 Wood Ridge Trail
3.4 CITY-ST-ZIP SANFORD FL 32771

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 REQUIRED
James M. Ekman

Date

4/20/99

Daytime Phone #

904 851 0590

CR2E034 (1/1/98)