

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90160 009 \*\*\*\*61.25

DOCUMENT # F98000004843

1. Corporation Name  
CONSUMER 101, INC.

Principal Place of Business  
P.O. BOX 9288  
HPT. VA 23670

Mailing Address  
P.O. BOX 9288  
HPT. VA 23670

136641 90160 79



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 54-1884530	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 25		29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HIPSHIRE, LOUISE J  
11006 THERESA ARBOR DR.  
TAMPA FL 33617

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Louise J. Hipshire  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMAL, PATRICA W	1.2 NAME	
STREET ADDRESS	119 WYTHE CRESANT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HPT. VA 23661	1.4 CITY-ST-ZIP	
TITLE	CP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, JAMES D	2.2 NAME	
STREET ADDRESS	659 KELSO DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT NEWS VA 23601	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, CAROL J	3.2 NAME	
STREET ADDRESS	500 A COPELAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HPT. VA 23661	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMAL, CHARLES A	4.2 NAME	
STREET ADDRESS	119 WYTHE CRESANT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HPT. VA 23661	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, JAMES C JR.	5.2 NAME	
STREET ADDRESS	5116 YORKPOINT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEAFORD VA 23696	5.4 CITY-ST-ZIP	
TITLE		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 617, 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99  
Date

757 8270255  
Daytime Phone #

CR2E037 (11/98)