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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

Principal Place of Business

G52216

(0)

Mailing Address

TINDALL-HOWELL CONSULTING, INC.

FILED May 08 1998 8:00am Secretary of State



P.O. BOX 42 SUMTERVILL	14/1724 SR 471 E FL 33585	P. O. BOX 424 SUMTERVILLE FL 33585				
US				DO NOT WRITE IN THIS:	SPACE	
				3. Date Incorporated or Qualified		
A A 1 1 1 1				07/20/1983		
	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 50		26 1505 CHE	FRRY ST	59-2563517	_ No	ot Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27			Fee Re	guired
City & Stat		City & State		6. Election Campaign Financing	\$5.00	
PANA		28 PANAMA CT	ry, FL	Trust Fund Contribution	Added t	
^z ⊚ 20 3 2 4	Country	Zip 29 3 2 401 30	Country	8. This corporation owes or has paid the cur		
24 214	9. Name and Address of Current		BAY] No
		negistered Agent	61 Name	10. Name and Address of New Registered	Agent	
	ER, ROBERT C		Name			ı
10761 SW 104 STREET			82 Street Address (P.O. Box Number is Not Acceptable)			
MA	AMI FL 33176					
			83			ļ
			84 City		85 Zip (Code
				FL	. `	
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 heard of directors. Thereby accept the appointment as 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.						
BIGNATURE						
	Signature, typed or printed name of registered agen		egistered Agent signature reco			
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND		
	TINDALL-HOWELL, LAURA	C OFFER	1.1 TITLE		Change	Addition
NAME	STATE RD. 471, 1724		1.2 NAME			ľ
STREET ADDRESS	SUMTERVILLE FL		1.3 STREET ADDRESS			Į.
CITY-ST-ZIP	SOMIENANTE LT	T beleve	1.4 CITY-ST-ZIP		T	
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			ļ
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	L Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			l
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
HAE			5.2 NAME			
_STREET ADDRESS			5.3 STREET ADDRESS			
CHY-ST-ZIP			5.4 City-St-ZiP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADORESS			0.2 030001 4000000			1

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 atlachment with an address.

SIGNATURE:

CITY-ST-ZIP

in a Jambel edmeel THE

4-11-98

850-784-1823

R2E034 (10/97)