

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

FILED
Apr 24 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 # **G79272** (2)
1. Corporation Name
PSYCHOLOGICAL AND COUNSELING CONSULTANTS, INC.

Principal Place of Business
~~2892 E. Park Ave, Suite 1~~
2892 E. Park Ave, Suite 1
Tallahassee FL 32301

Mailing Address
711 KENILWORTH RD.
TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2736751	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
SCALF, DR. LANCE D
711 KENILWORTH ROAD
TALLAHASSEE FL 32312

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 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 *Lance D. Scalf* *Lance D. Scalf* DATE **4/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE
NAME	SCALF, LANCE D	1.2 NAME
STREET ADDRESS	711 KENILWORTH ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP
TITLE	VP	2.1 TITLE
NAME	SCALF, HEIDI C	2.2 NAME
STREET ADDRESS	711 KENILWORTH ROAD	2.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32312	2.4 CITY-ST-ZIP
TITLE	S	3.1 TITLE
NAME	SCALF, HEIDI C	3.2 NAME
STREET ADDRESS	711 KENILWORTH ROAD	3.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP
TITLE	T	4.1 TITLE
NAME	SCALF, LANCE D	4.2 NAME
STREET ADDRESS	711 KENILWORTH ROAD	4.3 STREET ADDRESS
CITY-ST-ZIP	TALLAHASSEE FL 32312	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Lance D. Scalf* *Lance D. Scalf* DATE **4/17/98** (850) 656-6771

CR2E034 (10/97)