

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

DOCUMENT # H49266

1. Corporation Name

LOCAL GOVERNMENT CONSULTANTS, INC.

Principal Place of Business

**4114 HERSCHEL STREET
SUITE 120
JACKSONVILLE FL 32210
US**

Mailing Address

**4114 HERSCHEL STREET
SUITE 120
JACKSONVILLE FL 32210
US**

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90031 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1985

4. FEI Number

59-2594920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**MULLIS, CLAUDE L.
4114 HERSCHEL ST
SUITE 120
JACKSONVILLE FL 32210**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MULLIS, CLAUDE L.
STREET ADDRESS 4215 TIMUQUANA ROAD
CITY-ST-ZIP JACKSONVILLE FL 32210**

TITLE ☐ DELETE

NAME **VD
GORDON, R.W.
STREET ADDRESS 6343 WOOD VALLEY RD.
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **SD
WICKERSHAM, RALPH
STREET ADDRESS 4850 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **D
LIVERMORE, DANIEL U.
STREET ADDRESS 1750 GULF LIFE TOWER
CITY-ST-ZIP JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **TD
MULLIS, LAMAR
STREET ADDRESS 3774 OLD CORNELIA HWY
CITY-ST-ZIP GAINESVILLE FL**

TITLE ☒ DELETE

NAME **VD
SEROKA, J. H.
STREET ADDRESS 462 20TH ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD

Jackson, Anne

2105 Lake Shore Blvd.

Jacksonville, FL 32210

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

904/388-1289
Daytime Phone #

CR2E034 (1/1/98)