

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90046 006 ***150.00

DOCUMENT # J49769

1. Corporation Name
FLORIDA PROPERTY CONSULTANTS, INC.

Principal Place of Business
840 BEACH DR N E
ST. PETERSBURG FL 33701
US

Mailing Address
840 BEACH DR N E
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

59-2770398

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

21 338 FIRST AVENUE N.

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG, FL

Zip

24 33701

Country

25 USA

2a. Mailing Address

26 338 FIRST AVENUE N.

Suite, Apt. #, etc.

27

City & State

28 ST. PETERSBURG, FL

Zip

29 33701

Country

30 USA

9. Name and Address of Current Registered Agent

RHODE, TIMOTHY R.
116 8TH AVE. N.E.
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

RICKY E. DUNN

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

527 LA PLAZA AVE. So.

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33707

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 P ☒ DELETE

NAME RHODE, TIMOTHY R

STREET ADDRESS 116 8TH AVE. N.E.

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE TD ☒ DELETE

NAME RHODE, BARBARA A

STREET ADDRESS 116 8TH AVENUE N.E.

CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE S ☐ DELETE

NAME HERTZ, GLORIA ANNE

STREET ADDRESS 4860 108TH STREET NORTH

CITY-ST-ZIP MADEIRA BEACH FL 33708

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 P ☒ Change ☒ Addition

1.2 NAME RICKY E. DUNN

1.3 STREET ADDRESS 527 LA PLAZA AVE. So.

1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33707

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICKY E. DUNN

4/19/99

727/821-2233

Daytime Phone #

CR2E034 (11/98)

0404992