

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90027 020 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J66030**

1. Corporation Name  
**FIDELITY BUSINESS CONSULTANTS, INC.**



Principal Place of Business  
 725 NE 1ST ST  
 GAINESVILLE FL 32601

Mailing Address  
 725 NE 1ST ST  
 GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **1110 NE THIRD ST.**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **1110 NE THIRD ST.**  
 Suite, Apt. #, etc.

22 City & State  
 23 **GAINESVILLE, FL**  
 Zip Country  
 24 **32601** 25 **USA**

27 City & State  
 28 **GAINESVILLE, FL**  
 Zip Country  
 29 **32601** 30 **USA**

3. Date Incorporated or Qualified  
**04/08/1987**

4. FEI Number  
**58-1761012**

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

9. Name and Address of Current Registered Agent

**ALLEN, RICHARD R.**  
**1110 NE 3RD STREET**  
**GAINESVILLE FL 32601**

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 (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, RICHARD</b>	
STREET ADDRESS	<b>1110 NE 3 ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<del>VP</del>	<del><input checked="" type="checkbox"/> DELETE</del>
NAME	<del>KELLEY, KATHLEEN</del>	
STREET ADDRESS	<del>32115 NW 4TH ST</del>	
CITY-ST-ZIP	<del>GAINESVILLE FL 32609</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, JOHN</b>	
STREET ADDRESS	<b>1172 N HIATUS RD</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 a) other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99** **(352) 378-4557**  
 Date Daytime Phone #

CR2E034 (11/98)