
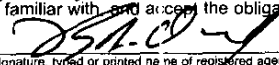


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90082 035 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J82435 1. Corporation Name DEVPLAN CONSULTANTS, INC.			
Principal Place of Business RT 7 BOX 362 E TALLAHASSEE FL 32308 US		Mailing Address P O BOX 13147 TALLAHASSEE FL 32317 US	
2. Principal Place of Business 21 8520 Veterans Memorial Dr. Suite, Apt. #, etc. 22 City & State 23 Tallahassee FL Zip Country 24 32308 25 US		2a. Mailing Address 26 8520 Veterans Memorial Dr. Suite, Apt. #, etc. 27 City & State 28 Tallahassee FL Zip Country 29 32308 30 US	
9. Name and Address of Current Registered Agent OVEN, RANEY A. JR. ROUTE 7, BOX 962E TALLAHASSEE FL 32308		3. Date Incorporated or Qualified 07/14/1987 4. FEI Number 59-2350083 Applied For No: Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8520 Veterans Memorial Drive 83 84 City Tallahassee FL 85 Zip Code 32308		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  DATE 4/26/99	
12. OFFICERS AND DIRECTORS TITLE P NAME OVEN, RANEY A. JR. STREET ADDRESS RT. 7, BOX 962 E. CITY-ST-ZIP TALLAHASSEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 8520 Veterans Memorial Dr. Tallahassee, FL 32308 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

850 681-1883

Telephone Phone #

CR2E034 (11/98)

0053257