FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K51590** **(3)**

1. Corporation Name

WOLF CREEK CONSULTING, INC.

Principal Place of Business	Mailing Address
1025 SW MARTIN DOWNS BLVD STE 202 PALM CITY FL 34490 US	1764 ST. ANDREWS DR. PALM CITY FL 34990 US

3. Date Incorporated or Qualified: **12/15/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0093356** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1764 SW ST. ANDREWS DR	26 1764 SW ST. ANDREWS DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM CITY, F	28 City & State: PALM CITY, FL
24 Zip: 34990 25 Country: US	29 Zip: 34990 30 Country:

9. Name and Address of Current Registered Agent

SANDERS, TOM
1764 S.W. ST. ANDREWS DR.
PALM CITY FL 34990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, TOM		1.2 NAME	
STREET ADDRESS	1764 S.W. ST. ANDREWS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, MARYANN		2.2 NAME	
STREET ADDRESS	1764 SW ST ANDREWS		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, ELIZABETH E.		3.2 NAME	
STREET ADDRESS	804 NW 10TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SANDERS, C.W.		4.2 NAME	
STREET ADDRESS	2980 ALTON DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MaryAnn Sanders 4-30-96 407-288-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARYANN SANDERS