

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

FILED  
Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

1764 SW ST. ANDREWS DR.  
PALM CITY FL 34990  
US

Mailing Address

1764 SW ST. ANDREWS DR.  
PALM CITY FL 34990-2206  
US



3. Date Incorporated or Qualified

12/15/1988

3a. Date of Last Report

05/01/1996

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. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 required of principal, officer, director, or registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE: DP  
NAME: SANDERS, TOM  
STREET ADDRESS: 1764 S.W. ST. ANDREWS DR  
CITY, ST, ZIP: PALM CITY FL

12. ☐ DELETE

TITLE: ST  
NAME: SANDERS, MARYANN  
STREET ADDRESS: 1764 SW ST ANDREWS  
CITY, ST, ZIP: PALM CITY FL

12. ☐ DELETE

TITLE: V  
NAME: SANDERS, ELIZABETH E.  
STREET ADDRESS: 804 NW 10TH TERRACE  
CITY, ST, ZIP: STUART FL

12. ☐ DELETE

TITLE: V  
NAME: SANDERS, C.W.  
STREET ADDRESS: 2980 ALTON DRIVE  
CITY, ST, ZIP: ST. PETERSBURG FL

12. ☐ DELETE

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. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

13. ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 561-288-7070

CR2E034 (9/96)