

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

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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K52975** (5)

1. Corporation Name  
**MANAGEMENT CONSULTING SPECIALIST, INC.**

Principal Place of Business

Mailing Address

**\* JAMES E. CASTEEL**  
10991 SAN JOSE BLVD., UNIT 56  
JACKSONVILLE FL 32223

**\* JAMES E. CASTEEL**  
10991 SAN JOSE BLVD., UNIT 56  
JACKSONVILLE FL 32223-6855



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 94 Sunowa Springs Trail		26 RT. 2 Box 1450		12/21/1988		04/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2932210		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Bryceville, FL		28 Bryceville, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32009		29 32009		Country		Country	
25 FLORIDA		30 FLORIDA					

9. Name and Address of Current Registered Agent

**CASTEEL, JAMES E.**  
10991 SAN JOSE BLVD., UNIT 56  
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name **CASTEEL, James E.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 94 Sunowa Springs Trail  
84 City **Bryceville** FL 85 Zip Code **32009**

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, type for printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	1.1 TITLE	DM
NAME	CASTEEL, JAMES E.	1.2 NAME	CASTEEL, Elizabeth E.
STREET ADDRESS	ROUTE 2 BOX 1450	1.3 STREET ADDRESS	RT 2 Box 1450
CITY- ST- ZIP	BRYCEVILLE FL	1.4 CITY- ST- ZIP	Bryceville, FL 32009
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

*James E. Casteel* **JAMES E. CASTEEL**

April 2, 97

904-879-5374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)