

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L30246

(7)

1. Corporation Name

RED MAN CONSULTANTS, INC.



Principal Place of Business

Mailing Address

C/O ROBERT JOHN CLANTON
1211 N TAMPA ST
TAMPA FL 33602
US

C/O ROBERT JOHN CLANTON
1211 N TAMPA ST
TAMPA FL 33602
US

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

3. Date Incorporated or Qualified

11/16/1989

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2979525

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLANTON, ROBERT JOHN
914 EAST CURTIS STREET
TAMPA FL 33603

81 Name

CLANTON, ROBERT JOHN

82 Street Address (P.O. Box Number is Not Acceptable)

1211 NORTH TAMPA STREET

83

84 City

TAMPA

FL

85 Zip Code

33602

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

Robert John Clanton

March 19, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME CLANTON, ROBERT JOHN
STREET ADDRESS 914 EAST CURTIS STREET
CITY - ST - ZIP TAMPA FL

1.1 TITLE P/D/T/S ☒ Change ☐ Addition
1.2 NAME CLANTON, ROBERT JOHN
1.3 STREET ADDRESS 1211 N. TAMPA STREET
1.4 CITY - ST - ZIP TAMPA, FL 33602

TITLE STD ☒ DELETE
NAME CLANTON, ROSEMARY
STREET ADDRESS 914 E. CURTIS STREET
CITY - ST - ZIP TAMPA FL 33603

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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 my address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Robert John Clanton

March 19, 1996 (813)229-8015

Date

Daytime Phone #

CR2E034 (12/95)