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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

GILLEN CONSULTING, INC.

Principal Place of Business

Block 12 or Block 13 if changed, or on an attachment with an address huslas

105 A BOB-O-LINK WAY NAPLES FL 34105

Mailing Address

105 A BOB-O-LINK WAY NAPLES FL 34105

FILED Mar 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2289 ARBOUR WALK CR. 26 2289 ARBOUR WALK GRIVE 65-0191581 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & Ste 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Furld Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 105 A BOB-O-LINK WAY 82 Stree NAPLES FL 34105 83 84 City and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in soft, Section 607.0505, Florida Statutes. ice or registered agent. both, in the State of igent. I am familiar with, SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition WOOD, CHARLES D JR. NAME 1.2 NAME 14160 DALLAS PKWY. # 700 STREET ADDRESS 1.3 STREET ADDRESS DALLAS TX 75240 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELE**TE** TITLE Change 4.1 TATLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 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 DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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