PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L77896

1. Corporation Name

CONSULTECH OF JACKSONVILLE, INC.

Principal Place	e of Business	Mailing A	ddress							B11 B1841 B1811 B1	
100 WHARFSIDE WAY JACKSONVILLE FL 32207 100 WHARFSIDE WAY JACKSONVILLE FL 32207											
WHO HOUSE I'M SEED!								DO NOT WRITE IN THIS SPACE			
							3.	. Date Incorporated or Qualifed			Į
							1	06/01/1990			
2. Principal P	lace of Business	2a. Mailin	g Address			:	4.	. FEI Number		Apr	plied For
21		26						59-3017970		No ⁴	t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				5.	. Certifcate of Status Desired		\$8.75 A Fee Re	Additional quired
	0		State					Election Campaign Financing		\$5,00	May Bo
23		28						Trust Fund Contribution		Added t	
Zip	Country	Zip		Cou	intry			. This corporation owes the curr	ent vear into	angible	
24	25	29		30	•		"	Personal Property Tax.	, .		□No
24	9. Name and Address of Curren		Agent	130			10	Name and Address of New I	Registered	Agent	
	S. Hanto dila radioso di Guitari	· · · · · · ·			81	Name		· · · · · · · · · · · · · · · · · · ·			
UPCHURCH, NANNETA S.										·	
1162 MAPLETON RD					82	Street	Address (I	P.O. Box Number is Not Accept	able)		
JAX FL 32207					83						
					84				FL	85 Zip C	ļ
l office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida, Suc	n change was a	lutnorizet	עס נ	tue corbo	corporation oration's b	on submits this statement for the loard of directors. I hereby acce	purpose of pt the appoi	changing its ntment as rec	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicat	le. (NOTE	: Registered	Agen	t signature r	required when	reinstating)	DATE		
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
TITLE	P DELETE			1.1 TI	1.1 TITLE					☐ Change	☐ Addition
NAME	·			1.2 N	1.2 NAME		1				
STREET ADORESS	1162 MAPLETON RD			1.3 S	TREET	ADDRESS					Ì
CITY-ST-ZIP	1. 0.40 0.4 W. I. F. 54				1,4 CITY-ST-ZIP						
TITLE	OD OD	DELETE 2.1T				-			☐ Change	☐ Addition	
NAME			2.2 N	AME						ł	
STREET ADDRESS					2.3 STREET ADDRESS						
<u> </u>	JACKSONVILLE FL 32207-				2. 4 CITY-ST-ZiP						1
CITY-ST-ZIP	□ DELETE				3.1 TITLE		 			☐ Change	☐ Addition
:	. ,			3.2 N							j
NAME				- 1		ADDRESS	}				
STREET ADDRESS				1							
CITY-ST-ZIP			☐ DELETE	3.4. C	ITY-S	11-ZIP				Change	Addition
TITLE							[
NAME				4.2 N		r + DDDCCC					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			D OF LETT	_	ITY-S	T-ZIP	 			☐ Change	Addition
TITLE	•		□ DELETE	5.1 Ti	πE		1				

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 attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Addition

☐ Change

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90106 032 ***150.00