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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80608

(7)

BLOOMINGDALE CONSULTING GROUP, INC.

Principal Place of Business Mailing Address % RICHARD B. BECKLEY % RICHARD B. BECKLEY 1421 HOLLEMAN DR 1421 HOLLEMAN DR VALRICO FL 33594 VALRICO FL 33594-7146 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1990 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3019185 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BECKLEY, RICHARD B. 1421 HOLLEMAN DR Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 83 RA 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, typod or ported name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TILLE 1.1 TITLE BECKLEY, RICHARD B. NAME 1.2 NAME 1421 HOLLEMAN DR STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL CHIY-SI-7F 1.4 CITY-ST-ZIP DELETE Change Addition THLE 2.1 TITLE BECKLEY, NANCY J. 2.2 NAME 1421 HOLLEMAN DR 2.3 STREET ADDRESS STREET ADORESS VALRICO FL CHY-SI-ZIP 2 4 City-St-ZiP □ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition 6.1 TITLE THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

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 d Block 13 d changed, or on an attachment with an address. 813-454-4130

Date

FILED

May 05 1997 8:00am

Secretary of State