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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P34264** (2)

1. Corporation Name

ROCKY MOUNTAIN CONSULTANTS, INC.

Principal Place of Business

**825 DELAWARE AVE
STE 500
LONGMONT CO 80501
US**

Mailing Address

**825 DELWARE AVE
STE 500
LONGMONT CO 80501
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 9. Name and Address of Current Registered Agent

**DEERE, CARMEN G.
6834 SW 35TH WAY
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

04/30/1996

4. FEI Number

84-0628456

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VECCHI, JENNIFER	
STREET ADDRESS	3509 CAMDEN DR	
CITY - ST - ZIP	LONGMONT CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DEERE, DON	
STREET ADDRESS	6620 FAIRWAYS DR.	
CITY - ST - ZIP	LONGMONT CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEDER, G.W. JR.	
STREET ADDRESS	1529 FRONTIER	
CITY - ST - ZIP	LONGMONT CO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AULT, DANIEL	
STREET ADDRESS	7835 MIDDLEFORK RD.	
CITY - ST - ZIP	BOULDER CO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, LEONARD	
STREET ADDRESS	1050 N TABOR DR	
CITY - ST - ZIP	CASTLE ROCK CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULER, WILLIAM	
STREET ADDRESS	2770 S. ELMIRA #2	
CITY - ST - ZIP	DENVER CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

Date

303-772-5282

Daytime Phone #

0511743

CR2E034 (9/96)