

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

FILED

Jan 28 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 # P93000008769 (0)

1. Corporation Name  
INNOVATIVE RETAIL CONSULTING, INC.



Principal Place of Business

500 AVE L N.W.  
SUITE 911  
WINTER HAVEN FL 33881  
US

Mailing Address

500 AVE L N.W.  
SUITE 911  
WINTER HAVEN FL 33881-4086  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 7980 LK MARION CR. RD  
City & State  
23 HAINES CITY  
Zip  
24 33844

2a. Mailing Address

26 P.O. Box 1135  
Suite, Apt. #, etc.  
27 HAINES CITY  
City & State  
28 FL  
Zip  
29 33845

Country

30 Polk

3. Date Incorporated or Qualified  
01/29/1993

3a. Date of Last Report  
06/21/1996

4. FEI Number  
65-0413289

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

SUTTON, PAULETTE C  
500 AVE L N.W.  
APT 911  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name  
SUTTON, PAULETTE C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
301 KERRY DR.  
83  
84 City  
CLEARWATER FL 85 Zip Code  
34625

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	PVS	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, PAULETTE C	
STREET ADDRESS	500 AVE L N.W. APT 911	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, PAUL	
STREET ADDRESS	500 AVE L N.W. APT 911	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUTTON, PAULETTE C.	
1.3 STREET ADDRESS	301 KERRY DR.	
1.4 CITY - ST - ZIP	CLEARWATER FL 34625	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUTTON, PAUL	
2.3 STREET ADDRESS	7980 LK MARION CR RD	
2.4 CITY - ST - ZIP	HAINES CITY FL 33844	
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:

Paul Sutton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0395111

CR2E034 (9/96)