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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020862 (7)

M.E.D. CONSULTING, INC.

Principal Place of Business Mailing Address

**FILED** May 13 1998 8:00am Secretary of State



2005 THOMAS DR PANAMA CITY BCH. FL 32411		POST OFFICE BOX 28118 PANAMA CITY FL 32411-8300 US		DO NOT WRITE IN THIS:	SPACE			
					3. Date Incorporated or Qualified			
					03/19/1993			
<del>-</del>	ace of Business	2a. Mailing Address			4. FEI Number		oplied For	
21		26			62-1523543	<del></del>	ot Applicable	
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional equired	
City & State	•	City & State	8		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Z <sub>I</sub> p <b>29</b>	Counti	У	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
g, Name and Address of Current Registered Agent				_	10. Name and Address of New Registered	Agent	_	
DURDEN, MICHAEL E				81 Name				
2605 THOMAS DR PANAMA CITY BCH. FL 32411			8:	Street /	Address (P.O. Box Number is Not Acceptable)			
			ē:	3				
			84	City	FL	<b>85</b> 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	Stgnature, typed or printed name of registered age	est heat tille of heredy able (MOT	F Panistavad &	and signature	required when reinstaling) DATE			
12.	OFFICERS AN		13.	jan signatura	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	2S IN 12	
TITLE	D	DELETE	1.1 TITLE		ADDITIONAL TO STRUCTURE	Change	Addition	
NAME	DURDEN, MICHAEL E	<del>-</del>	1.2 NAME				]	
STREET ADDRESS	2605 THOMAS DR			T ADDRESS			li li	
CITY-ST-ZIP				ST-ZIP				
TITLE			2.1 TITLE	····		Change	Addition	
NAME			2 2 NAME			•	_	
STREET ADDRESS	2605 THOMAS DR			T ADDRESS				
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408			-ST-ZIP				
TITLE	☐ DELETE					Change	☐ Addition	
NAME			3.2 NAME		·		1	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAMI	:			ľ	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			54 CITY-	ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6 2 NAME				1	
STREET ADDRESS			6.3 STREE	T 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 suppliemental 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 toclee en Dywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an attorner.