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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025358 (1)

FOXHOLE CONSULTING, INC.

Principal Place of Business Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



TAMPA FL 3362	RE DR. 14	14032 ELLESMERE DR. TAMPA FL 33624-6938						
					3. Date Incorporated or Qualified 04/05/1993		of Last F 2/1996	Report
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number			pplied For
21	7.7	26			59-3177094		N	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State 23	9	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	Count	lry		Yes 🗌	No	s. 199.032,
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Reg	gistered Aç	jent	
BAG	NALL, CLIFFORD F		6	Name				
	2 ELLESMERE DR. PA FL 33624				dress (P.O. Box Number is Not Acceptab	le)		
			Įŧ	33				
I			6	34 City		FL	85 Zip	Code
office or r agent. La SIGNATURE					orporation submits this statement for the pration's board of directors. I hereby accept		ntment as	s registered
CHOI WILCH								
	Signature, typed or pented name of regist			Agent signature req	ulred when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND C	DIRECTO	PS IN 12
12.	OFFICER	RS AND DIRECTORS	13.		outred when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND D		
12.	OFFICEF PD			E		ERS AND D	OIRECTO	
12. THE	OFFICER PD BAGNALL, CLIFFORD F	RS AND DIRECTORS	13. 1.1 TITU 1.2 NAM	E		ERS AND D		
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Too indeply canny that the information supplies with this timing does not quality for the exemption stated in section 119.07(5)(f), Florida Statutes: I further exemption 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 trusted 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: