

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90193 025 \*\*\*150.00

DOCUMENT # P93000028329

1. Corporation Name

B & W CONSULTING, INC.

Principal Place of Business

2800 PASO DE VIVAZ  
NARRAVE FL 32566  
US

Mailing Address

8652 NAVARRE PKWY  
#324  
NAVARRE FL 32566  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

4. FEI Number

59-3175810

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 603 GARLAND CIRCLE

Suite, Apt. #, etc.

22 City & State

23 INDIAN ROCKS BEACH

Zip

Country

24 FL 33785

25

25 PENWELLIS

2a. Mailing Address

26 8668 NAVARRE PKWY

Suite, Apt. #, etc.

27 #324

City & State

28 NAVARRE

Zip

Country

29 FL 32566

30

30 SANTA ROSA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, BETH  
2800 PASO DE VIVAZ  
NAVARRE FL 32566

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

*Beth Moore*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESTON

APRIL 16<sup>TH</sup> 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MOORE, BETH

STREET ADDRESS 2800 PASO DE VIVAZ

CITY-ST-ZIP NAVARRE FL 32566

TITLE VP. ☐ DELETE

NAME SHRAPNEL, CARY

STREET ADDRESS 2800 PASO DE VIVAZ

CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

MOORE, BETH

603 GARLAND CIRCLE

INDIAN ROCKS BEACH, FL 33785

VP. ☒ Change ☐ Addition

SHRAPNEL, CARY

603 GARLAND CIRCLE

INDIAN ROCKS BEACH, FL 33785

☐ Change ☐ Addition

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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 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, with all other like empowered.

SIGNATURE:

*Beth Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16<sup>TH</sup> 1999 (727) - 517-8364

Date

Daytime Phone #

CR2E034 (11/98)