

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

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P93000028528

1. Corporation Name
RHOMBUS Consulting Services, Inc.

FILED
99 SEP 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2866 DEMARET DR. Same
TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 4/19/93

4. FEI Number 59-3187908 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
Roy Christopher Skeldon
2866 DEMARET DR.
TITUSVILLE, FL 32780

10. Name and Address of New Registered Agent
81 Name Nancy L. Skeldon
82 Street Address (P.O. Box Number is Not Acceptable) 2866 DEMARET DR.
83
84 City Titusville FL 85 Zip Code 32780

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 *Roy Christopher Skeldon* Nancy L. Skeldon 9/17/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)

12. OFFICERS AND DIRECTORS

1.1 TITLE President / Sec / Treas / D ☒ DELETE
1.2 NAME Roy Christopher Skeldon
1.3 STREET ADDRESS 2866 DEMARET DR
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780

1.1 TITLE ☐ DELETE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

1.1 TITLE ☐ DELETE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☒ Addition
1.2 NAME NANCY L. SKELDON
1.3 STREET ADDRESS 2866 DEMARET DR.
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 400002999164-4
3.1 TITLE -09/28/99-01046-015
3.2 NAME *****70.00 *****70.00
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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: *Roy Christopher Skeldon* Nancy L. Skeldon 9/17/99 407-383 267-3651
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)