

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90101 008 ***150.00

DOCUMENT # P93000036745

1. Corporation Name

THE CONSULTING GROUP, INC. - AN ABI COMPANY

Principal Place of Business

2502 ROCKY POINT DR.
STE 695
TAMPA FL 33607
US

Mailing Address

2502 ROCKY POINT DR.
STE 695
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1993

4. FEI Number

59-3186315

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 4301 Anchor Plaza Parkway
Suite, Apt. #, etc.

22 Suite 400

23 Tampa, FL

24 Zip Country
33634 US

2a. Mailing Address

26 4301 Anchor Plaza Parkway
Suite, Apt. #, etc.

27 Suite 400

28 Tampa, FL

29 Zip Country
33634 US

9. Name and Address of Current Registered Agent

LEARNARD, ROBERT
2502 ROCKY POINT DR.
STE 640
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4301 Anchor Plaza Parkway

83 Suite 400

84 City
Tampa

FL

85 Zip Code
33634

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 P
NAME LEARNARD, ROBERT
STREET ADDRESS 2502 ROCKY POINT DR #640
CITY-ST-ZIP TAMPA FL

TITLE V
NAME WILKINS, WILLIAM B.
STREET ADDRESS 2152 CROSS CREEK WAY
CITY-ST-ZIP DUNEDIN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

4301 Anchor Plaza Parkway, Ste 400
Tampa, FL 33634

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)