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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054419 (5)

BDT CONSULTING, INC.

Principal Place of Business

Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



902 2ND PLAZA EAST PANAMA CITY FL 32401		PO BOX B708 Panama City FL 32402 US		DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 08/02/1993	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21/045	Jents Ave O	26			59-3199182	Not Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	θ	City & State			8. Election Campaign Financing	\$5.00 May Be
23 80-1	rank Coty F!	28			Trust Fund Contribution	Added to Fees
Zip a	Country	Zφ	Country	/	8. This corporation owes or has paid the c	urrent year Intangible
24 32	10/ 25 Day	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
	CHARDS-SULLIVAN, THERESA		81	Name		
	5 EAST 4TH ST		82	Street Add	fress (P.O. Box Number is Not Acceptable)	
PAI	NAMA CITY FL 32401				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abov	e-named cor,	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblid	e of Florida, Such change was a lations of Section 607,0505. Flo	authorized b orida Statute	y the corpora	ation's board of directors. I hereby accept the as	ppointment as registered
SIGNATURE	and dood, the own	,	ondia Glatero	.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NOT	Flogistored Ag	ont signature requ	ired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	"P	☐ DELFTE	11TOLE			Change Addition
NAME	RICHARDS-SULLIVAN, THERE	ESA	1.2 NAME			
STREET ADDRESS	525 E 4TH ST		1.3 STREE	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY- 9	17 - ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			Change Addition
NAME	Gordon, Helen		2.2 NAME			
STREET ADDRESS	902 2ND PLAZA EAST		2.3 STREET	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2 4 CITY-	ST - 7(P		
TITLE	8	☐ DELFTE	3.1 TITLE			Change Addition
NAME	Saba, ann		3.2 NAME			
STREET ADDRESS	902 2ND PLAZA EAST		3 3 STREET	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY-	ST - Z(P		
TOTLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY - 9	1 - ZiP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY - ST- ZIP			5.4 CITY - S	1-7IP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET	AODRESS		
CITY-ST-ZIP			6.4 CITY-S	T - 7IP		

14. Thereby 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.