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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90057 016 ***150.00

DOCUMENT # P93000054419

1. Corporation Name
BDT CONSULTING, INC.

Principal Place of Business	Mailing Address
1045 JENKS AVE C PANAMA CITY FL 32401 US	PO BOX 8708 PANAMA CITY FL 32402 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/02/1993

4. FEI Number
59-3199182
☐ Applied For
☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21 908 Jenks Ave	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Panama City, Florida	City & State 28
Zip 24 32401 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

RICHARDS-SULLIVAN, THERESA
525 EAST 4TH ST
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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 [signature] 011499
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS-SULLIVAN, THERESA		1.2 NAME	
STREET ADDRESS	525 E 4TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	Helen Gordon V ☒ Change ☐ Addition
NAME	GORDON, HELEN		2.2 NAME	525 E. 4th St
STREET ADDRESS	902 2ND PLAZA EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	Panama City, Fl 32401
TITLE	S	☐ DELETE	3.1 TITLE	Ann Saba S ☒ Change ☐ Addition
NAME	SABA, ANN		3.2 NAME	525 E. 4th St
STREET ADDRESS	902 2ND PLAZA EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	Panama City, Fl. 32401
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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] REQUIRED 011499 850-872-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (11/98)