

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058797

1. Corporation Name

Mandt Consulting, Inc.

Principal Place of Business

Mailing Address

302 Lee Blvd.
Suite 102
Lehigh Acres, FL 33936

SAME

3. Date Incorporated or Qualified
8-23-93

3a. Date of Last Report
1-5-95

2. Principal Place of Business

21 921 Roosevelt Ave

2a. Mailing Address

26 6371-4 Presidential Ct

4. FEI Number

65-614-6410

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State
27 Fort Myers, FL

23 City & State
Lehigh Acres, FL

City & State

Zip

33936

Country

Lee

Zip

33919

Country

Lee

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Todd Caruso
8191 College Parkway #302
Fort Myers, FL 33919

81 Name

Andrew G. Jessen

82 Street Address (P.O. Box Number is Not Acceptable)
6371-4 Presidential Ct.

83

84 City Fort Myers

FL

85 Zip 33919

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 Andrew G. Jessen

Andrew G. Jessen

5/10/96

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 D ☐ DELETE
NAME Mandt, Karl-Erch
STREET ADDRESS 921 Roosevelt Ave.
CITY-ST-ZIP Lehigh Acres, FL 33936

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Mandt, Hannecore
STREET ADDRESS 921 Roosevelt Ave.
CITY-ST-ZIP Lehigh Acres, FL 33936

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

000001844650
-05/30/96--01060--015
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20.5.96

CR2E034 (12/95)