

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 # P93000063487 (1)

1. Corporation Name  
SIRES CONSULTING, INC.



Principal Place of Business

6384 17TH TERR N  
4566 24TH AVENUE NORTH  
ST. PETERSBURG FL 33710  
US

Mailing Address

6384 17TH TERR N  
4566 24TH AVENUE NORTH  
ST. PETERSBURG FL 33710  
US

3. Date Incorporated or Qualified  
09/03/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6384 17th Terr N 26 6384 17th Terr N  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 St Petersburg, FL 28 St Petersburg, FL  
24 33710 25 USA 29 33710 30 USA

4. FEI Number  
59-3200442

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

9. Name and Address of Current Registered Agent

SIRES, MARK S  
6384 17TH TERRACE NORTH  
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name Julie M. Sires  
82 Street Address (P.O. Box Numbers Not Acceptable)  
6384 17th Terr N  
83  
84 City St Petersburg FL 85 Zip Code 33710

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 Julie M. Sires

Julie M. Sires

4-30-96

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SIRES, MARK S  
STREET ADDRESS 6384 17TH TERRACE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP Julie M. Sires  
1.2 NAME Julie M. Sires  
1.3 STREET ADDRESS 6384 17th Terr N  
1.4 CITY-ST-ZIP St. Petersburg, FL 33710  
2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
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

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: Julie M. Sires Julie M. Sires 4-30-96 (813) 344-3611  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)