


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

FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000004349 (4) 1. Corporation Name PRESLEY CONSULTANTS, INC.					
Principal Place of Business 2170 WEST STATE ROAD 434 SUITE 250 LONGWOOD FL 32779 US			Mailing Address 2170 WEST STATE ROAD 434 SUITE 250 LONGWOOD FL 32779 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/19/1994 4. FEI Number 59-3219203 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PRESLEY, NED H. III 1708 BRIDGEWATER DR. HEATHROW FL 32746			10. Name and Address of New Registered Agent 81 Name Presley, Ned H. III 82 Street Address (P.O. Box Number is Not Acceptable) 671 Oak Hollow Way 83 84 City Altamonte Springs, FL 85 Zip Code 32714		
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 <i>[Signature]</i> DATE 1/19/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE PD NAME PRESLEY, NED H III STREET ADDRESS 1708 BRIDGEWATER DRIVE CITY-ST-ZIP HEATHROW FL TITLE ST NAME PRESLEY, HELEN M STREET ADDRESS 1708 BRIDGEWATER DR. CITY-ST-ZIP HEATHROW 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 PD 1.2 NAME Presley, Ned H. III 1.3 STREET ADDRESS 671 Oak Hollow Way 1.4 CITY-ST-ZIP Altamonte Springs, FL 32714 2.1 TITLE ST 2.2 NAME Presley, Helen M. 2.3 STREET ADDRESS 671 Oak Hollow Way 2.4 CITY-ST-ZIP Altamonte Springs, FL 32714 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		



DO NOT WRITE IN THIS SPACE

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 supplement to 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]* 1/19/98 407-774-5100

CR2E034 (10/97)