

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

DOCUMENT # P94000016659

1. Corporation Name

THURSTON CONSULTING SERVICES, INC.

Principal Place of Business

4198 TIMBERLINE BLVD
VENICE FL 34293

Mailing Address

4198 TIMBERLINE BLVD
VENICE FL 34293

2. Principal Place of Business

21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

(NOTE: Registered Agent Signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	THURSTON, RAYMOND L	
STREET ADDRESS	1159 GRAHAM ROAD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	ST	[] DELETE
NAME	THURSTON, BARBARA M	
STREET ADDRESS	1159 GRAHAM ROAD	
CITY-ST-ZIP	VENICE FL 34293	
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

11 TITLE	X Change [] Addition
12 NAME	
13 STREET ADDRESS	4198 TIMBERLINE BLVD.
14 CITY-ST-ZIP	
21 TITLE	X Change [] Addition
22 NAME	
23 STREET ADDRESS	4198 TIMBERLINE BLVD
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	700002806607
34 CITY-ST-ZIP	-03/15/99--01123--013
41 TITLE	****150.00 ****150.00
42 NAME	[] Change [] Addition
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/99 941-492-5066

FILED

09 MAR 15 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1994

4. FEI Number

65-0472043

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 owes the current year Intangible
Personal Property Tax [] Yes [] No

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

CR2E034 (11/98)