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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031085 (1)

ROBERT J. DIETRICK CONSULTING SERVICES, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							19111 E 8149 1111	, 1914 991911	010) 0(II) 10 81	
2018 E BARIL DELTONA FL	INGTON DRIVE 32725		2018 E BARLINGTON DRIVE DELTONA FL 32725			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualified 04/22/1994				7
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pplied For]
21		26				59-3240774		N	lot Applicable	<u>.</u>]
Suite, Apt #, etc.		Suite, A 27	↓ T. → - · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & 5	4			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	- , ' - - -		Zip Count		/	8. This corporation owes or has paid the current y				
24	25	29	30		, ,	Personal Property Tax due June 30. 🔀 Yes 🔲 No			_] No	1
	g, Name and Address of Curr	ent Registered Ac	jent			10. Name and Address of New R	egiatered /	Agent		4
DK	ETRICK, ROBERT J			81	Name	·				
	18 E BARLINGTON DRIVE LTONA FL 32725				Street Add	idress (P.O. Box Number is Not Acceptable)				
				83	1 11 11 11 11					7
				84	City		FL	85 Zip	Code	1
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, ite of Florida, Such	Florida Statutos, t change was auth	he abov	o-named corpora	poration submits this statement for the tion's board of directors. I hereby acce		changing i ointment as	its registered registered	1
SIGNATURE										
	Signature, typed or printed name of trigistimed a		(NOTE: Re		ent signature requ	ired whon reinstating)	DATE			-16
12.	OFFICERS	ND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFF	CERS AND	☐ Change	Addition	- ≥
TITLE	DIETRICK, ROBERT J		Deterie	1.1 TITLE	1			Change	L AUGILION	5
NAME	2018 E BARLINGTON DRIV	E		12 NAME						3
STREET ADDRESS		E		1.3 STREET						Įĝ
CITY-ST-ZIP TITLE	DELTONA FL 32725	· · · · · - · · · · · · · · · · · · · ·	DELETE	1.4 CITY - S 2.1 TITLE	ST-ZIP			Change	Addition	-16
NAME	DIETRICK, MARJORIE A			2.1 IIILE 2.2 NAME				L_ Change	L. Addition	٦
	2018 E BARLINGTON DRIV	E								-
STREET ADDRESS	DELTONA FL 32725	L		2.3 STREET						
CITY-ST-7IP TITLE	DECTOTOR TE 32723		DELETE	2 4 CITY- 31 TITLE	S1-ZIP		:	Change	Addition	\dashv
		•	DECENE	3.2 NAME				- Aumite	LI PODITION	
NAME CERTET ADDRESS				3.3 STREET	10000100					1
STREET ADDRESS					1					ł
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-	21-516			Change	Addition	┥
NAME		'		4. 2 NAME	ľ			L Crongo		
STREET ADDRESS				4.3 STREET	2020004.7					
CITY+ST-ZIP				4.4 CITY-5						-
TITLE			DELETE	5 1 TITLE				Change	☐ Addition	1
NAME			i	52 NAME	ĺ			•		
STREET ADDRESS				5.3 STREET	ADDRESS					ŀ
CITY-ST-ZIP				5.4 CITY-9	1					
TITLE			DELETE	61 TITLE	,, LII			☐ Change	☐ Addition	1
NAME		·		6.2 NAME		•				
STREET ADORESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - S						
Oll L. Oll, File				0.4 0111 - 3	(1 611					-1

14. Thereby 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 supplienced armual 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 furstee 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.

3/13/98

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