## 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 # P94000049699

1. Corporation Name

INFORMATION SYSTEMS PROFESSIONAL CONSULTING, INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90002 043 \*\*\*150.00

· 								
Principal Place	e of Business	Mailing Address						
11863 MESIA COURT SOUTH JACKSONVILLE FL 32223		11863 MESIA COURT SOUTH JACKSONVILLE FL 32223						
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		-
						06/29/1994		
2 Principal Pl	face of Business	2a. Mailing Address				4. FEI Number	T	Applied For
21	ace of Dusiness	26		<u> </u>	<u></u>	59-3253985	1=	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22	n, 5.4-	27				5. Certificate of Status Desired	Fee F	Required
City & State	е	City & State			··	6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes_	ØNo
	9. Name and Address of Currer					10. Name and Address of New Registe	red Agent	
				81	Name			ľ
HOY	', John R Jr.			82	Chrona Addr	ess (P.O. Box Number is Not Acceptable)		
11863 MESIA COURT SOUTH				02	Sileet Addi	BSS (F.O. BOX Number is NOt Acceptable)		· ·
JACI	KSONVILLE FL 32223	•		83	7.72			
							Jan 7:-	
				84	City	į	FL 85 Zir	Code
office or n agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Stati	iby≀r ⊔tes.	ne corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointinent as	ts registered registered
	Signature, typed or printed name of registered age							
				Agent :	signature require	d when reinstating) DAT		TORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	
12.	OFFICERS AN		<b>13.</b> 1.1 Π	TLE	signature require			
	OFFICERS AND PHOY, JOHN R. J	ND DIRECTORS	13. 1.1 TT 1.2 N/	TLE VME			S AND DIRECT	
TITLE	OFFICERS AND PHOY, JOHN R. J. 11863 MESIA COURT S.	ND DIRECTORS	13. 1.1 TT 1.2 N/	TLE VME	ADDRESS		S AND DIRECT	
TITLE NAME	OFFICERS AND PHOY, JOHN R. J 11863 MESIA COURT S JACKSONVILLE FL	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	TLE AME TREET A	ADDRESS		S AND DIRECT	e Addition
TITLE NAME STREET ADDRESS	OFFICERS AND PHOY, JOHN R. J 11863 MESIA COURT S JACKSONVILLE FL ST	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET A	ADDRESS		S AND DIRECT	e Addition
TITLE NAME STREET ADDRESS City-St-Zip	P HOY, JOHN R. J 11863 MESIA COURT S JACKSONVILLE FL ST HOY, LAGRETTA A.	ND DIRECTORS	13. 1.1 TI 12 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	TLE AME REET A TY-ST- TLE	ADDRESS ZIP		S AND DIRECT	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HOY, JOHN R. J 11863 MESIA COURT S JACKSONVILLE FL ST HOY, LAGRETTA A. 11863 MESIA COURT S	DELETE	13. 1.1 TI 12 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/	TLE AME REET A TY-ST- TLE	ADDRESS		S AND DIRECT	e Addition
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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 of 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 of 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 shanged, even an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

(904) 262-2783