

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

FILED  
Feb 24 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 # P94000073652 (7)

1. Corporation Name

CONSULTANTS, CONSULTANTS, INC.



Principal Place of Business

Mailing Address

18057 TAMPA PALMS BLVD WEST  
SUITE 143  
TAMPA FL 33647  
US

18057 TAMPA PALMS BLVD WEST  
SUITE 143  
TAMPA FL 33647  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

65-0523824

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 23110 S.R. 54

Suite, Apt. #, etc.

22 Suite 167

City & State

23 Lutz FL

Zip

24 33549

Country

25 USA

2a. Mailing Address

26 23110 S.R. 54

Suite, Apt. #, etc.

27 Suite 167

City & State

28 Lutz FL

Zip

29 33549

Country

30 USA

9. Name and Address of Current Registered Agent

FELLER, ROSE MARIE  
18057 TAMPA PALMS BLVD WEST  
#143  
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name Feller, Rose Marie  
82 Street Address (P.O. Box Number is Not Acceptable)  
23110 S.R. 54  
83 Suite #167  
84 City Lutz FL 85 Zip Code 33549

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME FELLER, ROSE MARIE  
STREET ADDRESS 18057 TAMPA PALMS BLVD WEST # 143  
CITY-STATE-ZIP TAMPA FL

☒ DELETE

TITLE ST  
NAME BREWER, LOUISE M.  
STREET ADDRESS 15447 PLANTATION OAKS DR APT 5  
CITY-STATE-ZIP TAMPA FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Feller, Rose Marie  
1.3 STREET ADDRESS 23110 S.R. 54 #167  
1.4 CITY-STATE-ZIP Lutz FL 33549

☒ Change ☐ Addition

2.1 TITLE ST  
2.2 NAME BREWER, LOUISE M.  
2.3 STREET ADDRESS 1038 FAIRWAY DRIVE  
2.4 CITY-STATE-ZIP WINTER PARK FL 32729

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

CR2E034 (10/97)