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

PROFIT CORPORATION ANNUAL REPORT

1998

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The state of the s



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000081465 (4)

TLT CONSULTANTS, INC.

FILED Apr 29 1998 8:00am Secretary of State



City & State City & State City & State City & State Country R. This corporation owes or has paid the courrent we	Applied For Not Applicable 3.75 Additional Fee Required 5.00 May Be
JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/07/1994 Principal Place of Business 26. Mailing Address 26. Suite, Apt. #, etc. 27. P.O.Box 331126 City & State Country Country A. FEI Number 59-3274836 5. Certificate of Status Desired City & State City & State City & State Country A. This corporation owes or has paid the current were considered to the current with the c	Applied For Not Applicable 3.75 Additional Fee Regulred
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ZIP Country 1 ZIP Country 8. This corporation owes or has paid the current w	dded to Fees
	ear Intangible
32233 25 29 32233 30 Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
TURNER, ELLA E B1 Name	
11649 STARFISH AVE 82 Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32216	
83	
84 City FL 85	Zip Code
	ging its societored
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 chan 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 appointmentagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ent as registered
SIGNATURE	
Signature, typed or provind name of registered agent and rice if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTOBS IN 12
TITLE DPI DELETE 1.1 TITLE \[\] OF THE CHARACTER AND DIRECTION OF THE CHARACTER AND DIRECTIO	
NAME TURNER, THOMAS L 12 NAME	
STREET ADDRESS 11649 STARFISH AVE 1.3 STREET ADDRESS	
JACKSONVILLE FL 32216 1.4 CHY-ST-ZIP	
TITLE DV DELETE 21TITLE C	hange
NAME TURNER, ELLA E	
STREET ADDRESS 11649 STARFISH AVE 23 STREET ADDRESS	
JACKSONVILLE FL 32216	
	hange Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
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14. The property 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 trusted 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 attactment with an address.