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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000086825 (4)

DION CONSULTING, INC.

**STREET ADDRESS** 

CITY-ST-ZIP

Principal Place of Business Mailing Address 2255 PALM TREE DRIVE P.O. DRAWER 511447 PUNTA GORDA FL 33950 PUNTA GORDA FL 33951-1147 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/30/1994</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0553075 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Zip 29 30 Personal Property Tax due June 30. Yes Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name HACKETT, JACK O II 115 WEST OLYMPIA AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **PUNTA GORDA FL 33950** В. 64 City Zip Code 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 (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAMÉ DION, RAYMOND 1.2 NAME STREET ADDRESS 2255 PALM TREE DRIVE 1.3 STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE DST NAME DION. JEANNE 2.2 NAME 2255 PALM TREE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **PUNTA GORDA FL 33950** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP \_\_\_ Addition DELETE ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 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.

**FILED** 

May 04 1998 8:00am

Secretary of State