

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000012239 (6)

1. Corporation Name  
CONSULT-PC, INC.

Principal Place of Business  
111 LAKE PL  
LAGUNA BEACH FL 32413

Mailing Address  
111 LAKE PL  
LAGUNA BEACH FL 32413-1679



2. Principal Place of Business

21 1206 W. 19th ST  
Suite Apt. # etc.

22 SUITE B  
City & State

23 PANAMA CITY, FL  
Zip Country

24 32405 25 USA

2a. Mailing Address

26 1206 W. 19th ST  
Suite, Apt. #, etc.

27 SUITE B  
City & State

28 PANAMA CITY, FL  
Zip Country

29 32405 30 USA

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

59-3299397

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

NULLE, THEODORE L  
111 LAKE PL  
LAGUNA BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name

NULLE, THEODORE L.

82 Street Address (P.O. Box Number is Not Acceptable)

1095 W. 19th ST.

83

UNIT 16-A

84 City

PANAMA CITY

FL

85 Zip Code

32405

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 of type of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME NULLE, THEODORE L  
STREET ADDRESS 111 LAKE PL  
CITY-STATE-ZIP LAGUNA BEACH FL 32413

☐ DELETE

TITLE DV  
NAME NULLE, GUDRUN T  
STREET ADDRESS 111 LAKE PL  
CITY-STATE-ZIP LAGUNA BEACH FL 32413

☐ DELETE

TITLE DST  
NAME THEDFORD, CARLA G  
STREET ADDRESS 8511 TERELL ST  
CITY-STATE-ZIP PANAMA CITY 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 97 804 785 0294

Date Daytime Phone #

CR2E034 (9/96)