

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

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

FILED  
Jan 28 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 1206 W. 19<sup>th</sup> ST  
Suite Apt. # etc.

22 SUITE B

23 PANAMA CITY, FL  
Zip

24 32405

25 USA

26 1206 W. 19<sup>th</sup> ST  
Suite, Apl. #, etc.

27 SUITE B

28 PANAMA CITY, FL  
Zip

29 32405

30 USA

2a. Mailing Address

27 City & State

28 PANAMA CITY, FL  
Zip

29 32405

30 USA

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

59-3299387

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NULLE, THEODORE L  
111 LAKE PL  
LAGUNA BEACH FL 32413

81 Name NULLE, THEODORE L.

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

1005 W. 19<sup>th</sup> 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

CF2E034 (9/96)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULLE, THEODORE L		1.2 NAME	
STREET ADDRESS	111 LAKE PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA BEACH FL 32413		1.4 CITY-ST-ZIP	1005 W. 19 <sup>th</sup> ST. UNIT 16-A PANAMA CITY, FL 32405
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NULLE, GUDRUN T		2.2 NAME	
STREET ADDRESS	111 LAKE PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA BEACH FL 32413		2.4 CITY-ST-ZIP	1005 W. 19 <sup>th</sup> ST. UNIT 16-A PANAMA CITY, FL 32405
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEFORD, CARLA G		3.2 NAME	
STREET ADDRESS	8511 TERELL ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-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 signed, or on an attachment with an address.

SIGNATURE:

 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 97 804 785 0294

Daytime Phone #