**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000018538

1. Corporation Name

RIENHARDT CONSULTING INC.

Principal Place of Business	Mailing Address	
2949 SANS PAREIL ST JACKSONVILLE FL 32246	2949 SANS PAREIL ST JACKSONVILLE FL 32246	
US	US	

## Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90046 017 \*\*\*150.00



Principal Plac	e of Busines:	3	М	lailing Address					**************************************		
2949 SANS PA	REIL ST		29	49 SANS PAREIL ST				1			
JACKSONVILLE FL 32246 JACKSONVILLE FL 32246							DO NOT WRITE IN THIS SPACE				
US			US	3				3. Date Incorporated or Qualified	11110 01	AOL	
•								3. Date incorporated of cidalied			
				Ad-ili- Addrson		-		4. FEI Number		112	Applied For
2. Principal P	lace of Busin	ess	-	. Mailing Address				65-0565725		$\vdash$	Not Applicable
21	4 -4-		26	Suite, Apt. #, etc.				00 000120	_		Additional
Suite, Apt.	. #, etc.		27					5. Certifcate of Status Desired		Fee	Required
City & Star	te	·	$\vdash$	City & State				6. Election Campaign Financing			May Be
23		····	28					Trust Fund Contribution			d to Fees
Zip		Country	$\vdash$	Zip	Coun	try		8. This corporation owes the current ye		gible ]Yes	⊠No
24		25	29		30			Personal Property Tax.  10. Name and Address of New Regist			(E) (NO
	9. Name	and Address of Curre	nt Regis	stered Agent		B1	Nome	10. Name and Address of New Regist	ereu Aç	Jent .	
MOI	CC IADDV				1		Name	<u></u>			
	LFE, LARRY	KNOX ROAD			ļī	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1					1						
IALI	LAMASSEE	FL 32303-6643			1	83					
					17	84	City			85 Zi	p Code
					1		•	oration submits this statement for the purposes bearing of directors. I became accept the	<u>FL</u>		
l office or a	registered ag am familiar wi	ent, or both, in the State th, and accept the oblig	ations of	f, Section 607.0505, Fl	orida Statut	les.	ne corporation	it's board of directors. Thereby accept the	ATE TE		Togistorou
<u></u>	Signature, typed	or printed name of registered ag				lgent:	signature required	ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12
12.	DDCM	OFFICERS A	ND DIRI	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICE		[] Chang	
TITLE	DPCM	DT DODEDT		□ nère ie	4						
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1							ADDDESSI				
STREET ADDRESS	2949 SAN	IS PAREIL STREET			1.3 STR						
CITY-ST-ZIP	2949 SAN JACKSON	IS PAREIL STREET			1,4 CIT)	/-ST-			<del></del> -	☐ Chang	e 🗀 Addition
1	2949 SAN JACKSON VTS	is pareil street iville fl		☐ DELETE	1.4 CIT\ 2.1 TITL	/-ST- .E				Chang	e 🗋 Addition
CITY-ST-ZIP	2949 SAN JACKSON VTS RIENHAR	is pareil street Iville fl Dt, Joan F.		☐ DELETE	1.4 CIT) 2.1 TITL 2.2 NAM	/-ST- .e. Me	-ZIP	<u>.</u> , .	<del>-</del>	☐ Chang	e
CITY-ST-ZIP	2949 SAN JACKSON VTS RIENHAR 2949 SAN	IS PAREIL STREET IVILLE FL  DT, JOAN F. IS PAREIL ST		☐ DÉLETE	1.4 CITN 2.1 TITL 2.2 NAM 2.3 STR	Y-ST- E ME REET M	-ZIP -ZIP	<u></u> ,		☐ Chang	e
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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 suppliemental 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, with all other like empowered.