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FILED

May 08 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 # P95000022561 (1)

1. Corporation Name

ACH CONSULTING GROUP, INC.

Principal Place of Business

2153 S.R. 434  
LONGWOOD FL 32779

Mailing Address

2153 S.R. 434  
LONGWOOD FL 32779-4983



2. Principal Place of Business

21 409 Montgomery Rd.  
Suite Apt. #, etc.  
22 Suite 141

23 Altamonte Springs  
City & State

24 32714  
Zip

25 Seminole  
County

2a. Mailing Address

26 409 Montgomery Rd.  
Suite Apt. #, etc.  
27 Suite 141

28 Altamonte Springs  
City & State

29 32714  
Zip

30 Seminole  
County

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

06/28/1996

4. FEI Number

59-3312001

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

HALL, SEAN  
2153 S.R. 434  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name  
George E. Minutaglio  
82 Street Address (P.O. Box Number is Not Acceptable)  
409 Montgomery Rd. Suite 141  
83 Altamonte Springs, FL 32714  
84 City  
85 Zip Code  
FL 32714

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 registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HALL, CHARLES L  
STREET ADDRESS 107 WEEPING ELM LANE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072700

CR2E034 (9/96)