

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

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90017 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025438

1. Corporation Name

CONSOLIDATED SYSTEMS GROUP, INC.

Principal Place of Business

**50 WOODRIDGE CIR.
OLDSMAR FL 34677**

Mailing Address

**50 WOODRIDGE CIR.
OLDSMAR FL 34677**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1995

4. FEI Number

59-3305247

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

30

9. Name and Address of Current Registered Agent

**KENNETH G. BARBER
50 WOODRIDGE CIR.
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. 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

Kenneth G. Barber PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **BARBER, KENNETH G**
STREET ADDRESS **50 WOODRIDGE CIR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **VP** ☐ DELETE

NAME **BARBER, SHARON A.**
STREET ADDRESS **50 WOODRIDGE CIR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

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 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, with all other like empowered.

SIGNATURE:

Kenneth G. Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

DATE

727 789 8921

Daytime Phone #

0495073

CR2E034 (11/98)