FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P95000026692 (0) **DOCUMENT #**

1. Corporation Name THEBAUT CONSULTING, INC.

Principal Place of Busi	ness	Mailing Address					
50 SE KINDRED STI STUART FL 34994	REET STE 107	50 SE KINDRED S Stuart FL 34994	TREET STE 107				
					3. Date incorporated or Qualified 03/31/1995	3a. Date of La	st Report
2. Principal Place of E	Business	2a. Mailing Address			4. FEI Number 65-0573750		Applied For
21 2278 Country Oaks Lane		26			65-0575750		Not Applicable
Suite. Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
22		City & State			6. Election Campaign Financing		5.00 May Be
City & State 23 Palm Bch Gardens, FL 3340					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for	iritangible tax und	ler s 199.032,
33410 25 USA		29	en 'en le		Florida Statutes XX Yes 🔲 No		
	lame and Address of Curren	t Registered Agent		r	10. Name and Address of New F	legistered Agen	t
			81	Name			
KOHL, N D JF			82 Stree		Address (P.O. Box Numbor is Not Acceptable)		
	ED STREET STE 107			ļ			
STUART FL 3	4994		83				
•			84	City		FL 85	Zip Code
				l	pration submits this statement for the pu		a ita rawiatarad offia
12. THILE	OF FICERS AN	O DIRECTORS DELETE	13. 1 1 UTLE		ADDITIONS/CHANGES TO OFF D/P/S/T		FCTORS IN 12 ange Addition
THTLE		☐ DELETE				L Cu	ange XX Addition
NAME			1.2 NAME	I ADDRESS	Ben R. Thebaut, Jr. 2278 Country Oaks La	ne	
STREET ADDRESS			14 C(Ty)		Palm Beach Gardens.		
CITY-ST-ZIP TITLE		DELETE	2 1 THLE		TOTAL TOTAL	C ₁	ange Addition
NAME		_	2.2 NAME				
STREET ADDRESS			2 3 STREE	T ADDRESS			
CITY-ST-ZIF			2.4 CITY -	ST - ZIP			
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NAME			3.2 NAME		5000018 -05/14/9601	1958:	⊃
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STREET ADDRESS				1 ADDRESS			
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TITLE		DELETE	5 1 10116			□ c	nange 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	LADDRESS	0,		
CITY - ST - ZIP			540:14	\$1 - 7:P			
TITLE		☐ DELETE	6 1 TITLE		\sim $\tilde{\iota}$		hange [] Addition
NAME			6.2 NAME		& L.		
STREET ADDRESS			E .	T ADDRESS	$\mathcal{J}'_{\mathcal{N}}$		
CITY-ST-ZIP			6.4 CITY	SI-ZIP		0.070VID Florido	Can an I findher

14. Loo hereby certify that the information supplied with this filing is vountarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual expert or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or directly of the copy of the copy or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 15 it ghanned or on an attaction of the made address.

SIGNATURE:

Ben R. Thebaut, Jr., Pres.

March 21, 1996 (407) 627-3864

CR2E034 (12/95)