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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90008 022 \*\*\*550.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000026692

1. Corporation Name

CITY-ST-ZIP

SIGNATURE: \_\_

THEBAUT CONSULTING, INC.

| ***************************************            |   |  |                     |                        |                                  |  |                                   |               |                                       |
|--|---|--|---------------------|------------------------|----------------------------------|--|-----------------------------------|---------------|---------------------------------------|
| Principal Place                                    | e of Business                                     | Mailing Address                                  |                     |                        |                                  | T HORATOWAS DIA SOLAS BUSIN SANIK  | 80111 <b>90</b> 111 <b>04</b> 118 |               | 19119  181  841                       |
| 67 ST. GEORGE PLACE PALM BEACH GARDENS FL 33418 US |   | 67 ST. GEORGE PLACE<br>PALM BEACH FL 33418<br>US | PALM BEACH FL 33418 |                        |                                  | DO NOT W   | RITE IN THIS                      | SPACE         |                                       |
| 50   |   |  |                     |                        | _                                | 3. Date Incorporated or Qualife 03/31/1995   | d                                 |               |                                       |
| 2. Principal Pl                                    | ace of Business                                   | 2a. Mailing Address                              |                     |                        |                                  | 4. FEI Number  |                                   | <u> </u>      | plied For                             |
| 21   |   | 26   |                     |                        | 65-0573750                       |  |                                   | t Applicable  |                                       |
| - Suite, Apt. #, etc                               |   | Suite, Apt. #, etc.                              |                     |                        | 5. Certificate of Status Desired |  | \$8.75 A                          |               |                                       |
| 22   |   | 27   |                     |                        |                                  |  |                                   | equired       |                                       |
| City & State                                       |   | City & State                                     |                     |                        |                                  | 6. Election Campaign Financin  | g 🗆                               | \$5.00        | · · · · · · · · · · · · · · · · · · · |
| 23   |   | Zip Country                                      |                     |                        |                                  | Trust Fund Contribution  |                                   | Added t       | o Fees                                |
| Zip  | Country   | Zip  |                     | intry                  |                                  | 8. This corporation owes the cu  | rrent year Int                    |               | □No                                   |
| 24   | 25  | 29   | 30                  | 1                      |                                  | Personal Property Tax.  10. Name and Address of New  | Dogistered                        |               |                                       |
|  | 9. Name and Address of Curre                      | ent Registered Agent                             |                     | 81                     | Name                             | 10. Name and Address of New  | Registered                        | Agoin         |                                       |
| KUH  | L, N D JR.  |  |                     | "                      | Hame                             | . <u></u>  |                                   |               |                                       |
| 50 SE KINDRED STREET STE 107                       |   |  |                     | 82                     | Street Add                       | ress (P.O. Box Number is Not Accep   | otable)                           |               |                                       |
|  | ART FL 34994                                      |  |                     | 02                     |                                  |  |                                   |               |                                       |
| 310  | ART FE 34994                                      |  |                     | 83                     |                                  |  |                                   |               |                                       |
|  |   |  |                     | 84                     | City                             |  |                                   | 85 Zip (      | Code                                  |
|  |   |  |                     |                        |                                  |  | FL                                | -1            |                                       |
| office or r  | egistered agent, or both, in the Stat             | e of Florida. Such change was                    | authorize           | ועסס                   | the corporati                    | poration submits this statement for the on's board of directors. I hereby according to the contract of the con | ept the appo                      | intment as re | gistered                              |
| agent. I a   | m familiar with, and accept the oblig             | gations of, Section 607.0505, F                  | lorida Sta          | utes.                  |                                  | •  |                                   |               |                                       |
| SIGNATURE  |   |  |                     |                        |                                  |  |                                   |               |                                       |
|  | Signature, typed or printed name of registered as | <u> </u>   |                     | Agent                  | t signature require              | ad when reinstating)   | DATE                              | ID DIDECTO    | DO 15. 40                             |
| 12.  |   | ND DIRECTORS                                     | 13.                 |                        |                                  | ADDITIONS/CHANGES TO C   | JEFICERS AL                       | Change        | Addition                              |
| TITLE  | DPST  | ☐ DELETE   | 1.1 T               |                        |                                  |  |                                   |               |                                       |
| NAME   | THEBAUT, BEN R JR.                                |  | 1.2 N               |                        |                                  |  |                                   |               |                                       |
| STREET ADDRESS 67 ST. GEORGE PLACE                 |   |  | 1.3 \$              | 1.3 STREET ADDRESS     |                                  |  |                                   |               |                                       |
| CITY-ST-ZIP  | PALM BEACH GARDENS FL                             |  |                     | ITY-ST                 | -ZIP                             |  |                                   | Change        | Addition                              |
| TITLE  |   | ☐ DÉLETE   | 2.1 T               | MLE                    |                                  |  |                                   | Change        | ☐ Addition                            |
| NAME   |   |  | 2.2 N               | AME                    |                                  |  |                                   |               |                                       |
| STREET ADDRESS                                     |   |  | 235                 | TREET                  | ADDRESS                          |  |                                   |               |                                       |
| CITY-ST-ZIP  |   |  | 2.4                 | CITY-S                 | T- ZIP                           |  |                                   |               | C A delicion                          |
| TITLE  |   | ☐ DELETE   | 3.17                | ITLE                   |                                  |  |                                   | Change        | ☐ Addition                            |
| NAME   |   |  | 3.2 N               | AME                    |                                  |  |                                   |               |                                       |
| STREET ADDRESS                                     |   |  | 3.3 9               | TREET                  | ADDRESS                          |  |                                   |               |                                       |
| CITY-ST-ZIP  |   |  | 34.                 | HTY-S                  | T-ZIP                            |  |                                   |               |                                       |
| TITLE  |   | ☐ DELETE   | 4.1 T               | ITLE                   |                                  |  |                                   | ☐ Change      | Addition                              |
| NAME   |   |  | 4.21                | AME                    | Ì                                |  |                                   |               |                                       |
| STREET ADDRESS                                     |   |  | 4.3 S               | TREET                  | ADDRESS                          |  |                                   |               |                                       |
| CITY-ST-ZIP  | ·   |  | 4.4 0               | ITY-ST                 | r-ZIP                            |  |                                   |               |                                       |
| TITLE  |   | DELETE   | 5.1 7               | -                      |                                  |  |                                   | Change        | ☐ Addition                            |
| NAME   |   |  |                     | HLE                    |                                  |  |                                   |               |                                       |
| STREET ADDRESS                                     |   |  | 5.2                 | AMÉ                    |                                  |  |                                   |               |                                       |
| CITY-ST-ZIP  |   |  |                     | AMÉ                    | ADDRESS                          |  |                                   |               |                                       |
|  |   |  | 5.3 \$              | AMÉ                    | 1                                |  |                                   |               |                                       |
| TITLE  |   | ☐ DELETE   | 5.3 5               | AME<br>TREET           | 1                                |  |                                   | Change        | ☐ Addition                            |
| <del></del>  |   | ☐ DELETE   | 5.3 S<br>5.4 C      | AME<br>TREET<br>ITY-ST | 1                                |  |                                   | ☐ Change      | Addition                              |

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 instee 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR