May 05, 1999 8:00 am Secretary of State

05-05-1999 90121 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043920

1. Corporation Name

A.T. JORDAN CONSULTANTS, INC.

						1111	JA ria n in a iria n e nda e raka a	een ee nt ee ne	diall illi e llil	A HILL BURLLUL	
Principal Place of Business Mailing Address						, , ,		,,,, ,, ,,,			
4911 20TH AVE., WEST 4911 20TH AVE., WEST											
BRADENTON FL 34209 BRADENTON FL 34209						DO NOT WRITE IN THIS SPACE					
					-	3. Date Inc	orporated or Qualifed				
						06/07/	1995			1	
Principal Place of Business 2a. Mailing Address						4. FEI Num			A	pplied For	
26		26				65-058	8412		N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							e of Status Desired			Additional	
22		27					e or status Desired		Fee R	lequired	
City & State		City & State	City & State		} ,	6. Election	Campaign Financing		*	May Be	
23		28				Trust Fu	nd Contribution		Added	to Fees	
Zip Country Zi		Zip				8. This corporation owes the current year Intangible					
24	25	29 30	<u> </u>				Property Tax.	D! - Anne al	Yes	□No	
	9. Name and Address of Curr	ent Registered Agent	81	Name	1	0. Name a	nd Address of New	Registerea	Agent		
IUB	DAN, ANTHONY T		"	Name							
4911 20TH AVE., WEST				Street	Address (P.O. Box Number is Not Acceptable)						
BRADENTON FL 34209			83								
רווע	DENTI ON TE GAZUS		03								
			84	City				FL	85 Zip	Code	
		502 and 607.1508, Florida Statutes,	the about	namad	corporat	ion submite	this statement for the		-))	s renistered	
office or r	registered agent, or both, in the Sta	ite of Florida. Such change was auth	iorized by	the corpo	oration's	board of di	ectors. I hereby acce	ot the appo	intment as re	egistered	
agent. I a	m familiar with, and accept the obl-	igations of, Section 607.0505, Florida	a Statutes								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE: Re	egistered Ager	t signature r	required whe	n reinstating)		DATE		———	
12.		AND DIRECTORS	13.		,		NS/CHANGES TO OF	FICERS A	ND DIRECT	ORS IN 12	
TITLE			1.1 TITLE						Change	☐ Addition	
NAME	-· •		1.2 NAME		1					}	
STREET ADDRESS	4911 20TH AVE W		1.3 STREET ADDRESS								
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-S	r-ZiP	l						
TITLE		☐ DELETE	2.1 TITLE		VP				Change	Addition	
NAME		i	2.2 NAME		Elva	r. 2	ordan			ļ	
STREET ADDRESS			2.3 STREET	ADDRESS	4911	- 20th	Ave. W.				
CITY-ST-ZIP		-	2.4 CITY-S	T-ZIP	Brace	leaton	FL 34209				
TITLE		☐ DELETE	3.1 TITLE				•		☐ Change	Addition	
NAME		1	3.2 NAME								
STREET ADDRESS			3.3 STREET	ADDRESS							
CITY-ST-ZIP			3.4. CITY- S	T-ZIP							
TITLE	☐ DELETE 4.1 TIT		4.1 TITLE						Change	Addition	
NAME			4, 2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS	1						
CITY-ST-ZIP			4.4 CITY-S	Γ-ZIP							
TITLE		☐ DELETE	5.1 TITLE						☐ Change	Addition	
NAME			5.2 NAME			-				{	
STREET ADDRESS			5.3 STREET	ADDRESS							
CITY-ST-ZIP			5.4 CITY-S	Γ-2IP	<u> </u>						
TITLE		☐ DELETE	6.1 TITLE		}				☐ Change	Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP