

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000044380 (0)

1. Corporation Name

INFO TECH CONSULTING, INC.

Principal Place of Business

2616 NEZ PERCE TRAIL  
TALLAHASSEE FL 32303

Mailing Address

2616 NEZ PERCE TRAIL  
TALLAHASSEE FL 32303



2. Principal Place of Business

2a. Mailing Address

21 275 JOHN KNOX RD

26 PO BOX 38516

Suite, Apt #, etc.

Suite, Apt #, etc.

22 N-102

27

City & State

City & State

23 TALLAHASSEE FL

28 TALLAHASSEE FL

Zip

Country

Zip

Country

24 32303

25 LEON

29 32315-8516

30 LEON

9. Name and Address of Current Registered Agent

DENNY, JONATHAN C ESQ.  
2616 NEZ PERCE TRAIL  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

4. FEI Number

59-3318113

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

10. Name and Address of New Registered Agent

81 Name

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

275 JOHN KNOX RD

83

APT N-102

84

TALLAHASSEE

FL

85 Zip Code

32303

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

*Jonathan C. Denny*

(NOTE: Registered Agent signature required when reinstating)

6-13-96

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

CEO

☐ Change

☒ Addition

12 NAME

JONATHAN DENNY

13 STREET ADDRESS

275 JOHN KNOX RD, APT N-102

14 CITY - ST - ZIP

TALLAHASSEE, FL 32303

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

07-02-96 OR

\$225 Deposited by Bank

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Jonathan C. Denny* JONATHAN C. DENNY

6-13-96 (904) 396-6994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)