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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048877 (1)

PETERSON INTERNATIONAL CONSULTING, INC.

Principal Place of Business Mailing Address 136 E JOPLIN CT 136 E JOPLIN CT HERNANDO FL 34442 HERNANDO FL 34442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1995 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Applied For 59-3323868 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PETERSON, THOMAS E 136 E JOPLIN CT HERNANDO FL 34442 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 for both, in the State of Florida. Such change was puthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family for the purpose of changing its registered agent. I am family when reinstaling) SIGNATUR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TOTLE TITLE PETERSON, THOMAS E 1.2 NAME NAME 136 E JOPLIN CT 1.3 STREET ADDRESS STREET ADDRESS HERNANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE PETERSON, PATRICIA A 2.2 NAME NAME 136 E JOPLIN CT STREET ADDRESS 2.3 STREET ADDRESS HERNANDO FL 2 4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE PETERSON, MARK J 3.2 NAME NAME 2634 VALLEY CREEK TRAIL 3.3 STREET ADDRESS STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREE1 ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

FILED Apr 20 1998 8:00am Secretary of State



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 err an attachment with an address

Change

Change

Change

Addition

Addition

☐ Addition

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

MCKINNEY TX 75070

the solution