

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060867 (5)**

1. Corporation Name

WINGATE TECHNOLOGY CONSULTANTS, INC.



Principal Place of Business

Mailing Address

94 RIDGEFIELD PLACE
ORMOND BEACH FL 32174

94 RIDGEFIELD PLACE
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified
08/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **330 GROOVER CREEK CR.**

26 **330 GROOVER CREEK CR.**

4. FEI Number

53-3331394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 **ORMOND BEACH, FL.**

28 **ORMOND BEACH, FL.**

Zip

Country

Zip

Country

24 **32174**

25 **USA**

29 **32174**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTOX, GARY A
94 RIDGEFIELD PLACE
ORMOND BEACH FL 32174

81 Name

MATTOX, GARY A.

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

330 GROOVER CREEK CROSSING

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

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

Gary A. Mattox

Gary A. Mattox

Registered Agent/Chairman

8/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	PRESIDENT
3. STREET ADDRESS	KAREN MATTOX
4. CITY - ST - ZIP	330 GROOVER CREEK CROSSING
5. CITY - ST - ZIP	ORMOND BEACH, FL. 32174
6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
7. NAME	CHAIRMAN, DIRECTOR
8. STREET ADDRESS	GARY A. MATTOX
9. CITY - ST - ZIP	330 GROOVER CREEK CROSSING
10. CITY - ST - ZIP	ORMOND BEACH, FL. 32174
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY - ST - ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY - ST - ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary A. Mattox

Gary A. Mattox

8/8/96

904 672 2546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)