


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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90012 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000062156

1. Corporation Name

PINNACLE CONSULTING GROUP, INC.



Principal Place of Business

**428 CHICOPEE CT.
JACKSONVILLE FL 32259**

Mailing Address

**428 CHICOPEE CT.
JACKSONVILLE FL 32259**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1995

4. FEI Number

59-3333157

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 100 South Ridgewood Ave

Suite, Apt. #, etc.

22

City & State

23 Edgewater, FL

Zip

24 32132

Country

25 U.S.A.

2a. Mailing Address

26 100 South Ridgewood Ave

Suite, Apt. #, etc.

27

City & State

28 Edgewater, FL

Zip

29 32132

Country

30 USA

9. Name and Address of Current Registered Agent

**VONNIEDA, TODD C
428 CHICOPEE CT
JACKSONVILLE FL 32259**

10. Name and Address of New Registered Agent

81 Name Todd C. von Niede

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

100 South Ridgewood Ave.

83

84 City Edgewater

FL

85 Zip Code 32132

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

Todd C. von Niede
Signature, typed or printed name of registered agent and title if applicable.

Todd C. von Niede
(NOTE: Registered Agent signature required when reinstating)

3/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VONNIEDA, TODD C	
STREET ADDRESS	428 CHICOPEE CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VONNIEDA, TAMMY L	
STREET ADDRESS	428 CHICOPEE CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VONNIEDA, TODD C	
1.3 STREET ADDRESS	11871 Little Creek Lane	
1.4 CITY-ST-ZIP	Jacksonville, FL 32223	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VONNIEDA, TAMMY L	
2.3 STREET ADDRESS	11871 Little Creek Lane	
2.4 CITY-ST-ZIP	Jacksonville, FL 32223	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE:

Todd C. von Niede
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99
Date

949/78-1636
Daytime Phone #

CR2E034 (11/98)