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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070744 (4)

BRIGHAM CONSULTING, INC.

3000 GULF TO STE. 103 CLEARWATER		3000 GULF TO BAY BLVD. STE. 103 CLEARWATER FL 34619-4304	i	3. Date Incorporated or Qualified 09/13/1995	3a. Date of Last Report 07/18/1996
	Place of Business	2a, Mailing Address	0 = :	4. FEI Number	Applied For
21) Solte. Apt	C GULF LO DAY BLUD	26 3000 600P n	bray bud	59-3337725	Not Applicable
22 ST &	402	27 578 402		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta 23 CLL	geware to SA619	City & State CLEARWATE	e Fe 34615	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 34E	519 25 PINEUAS	29 34619 3	Country 10 PWEUAS		Yes No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
344	MARCO, ROBERT F NO EAST LAKE ROAD, #104 LM HARBOR FL 34685		63	ess (F.O. Box Number is Not Acceptab	le)
			84 City		FL B5 Zip Code
SIGNATURE	Signature, typed or printed name or regime or agent OFFICERS AND	<u>-</u>	Hugistered Agont signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLS; DEAD TO BRIGHAM, JAMES G 3848 TARIAN COURT PALM HARBOR FL 34684	☐ DECETE	1.1 TRLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 City - St - Zip		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PEEL DENT SHANNON BEIKHAM	□ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DEFEIE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-7IP		
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	4 4 CHY-SI-ZIP 5 1 THE 5 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			53 STREET ADDRESS		

14. I do 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 supplicmental 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 of Block 13 if changed whon an effectment with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE