

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000082783

1. Corporation Name

SUNBELT CONSULTING, INC.

Principal Place of Business

101 SOUTHALL LANE
SUITE #400
MAITLAND FL 32751

Mailing Address

7468 WOOD BURN COURT
WINTER PARK FL 32792

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90040 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1995

4. FEI Number

59-3345626

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 1444 SKYBOLT CT.

2a. Mailing Address

26 3960-535 SOUTH POINTE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32825

Country

25 USA

Zip

29 32822

Country

30 USA

9. Name and Address of Current Registered Agent

GRAVES, LEWIS H
7468 WOOD BURN COURT
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name

GRAVES, LEWIS H.

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

3960-535 SOUTH POINTE DR.

83

84 City

ORLANDO

FL

85 Zip Code

32822

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GRAVES, LEWIS H
CITY-ST-ZIP 7468 WOOD BURN COURT
WINTER PARK FL 32792

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

1.1 TITLE ☒ Change ☐ Addition

NAME PD
STREET ADDRESS GRAVES, LEWIS H
CITY-ST-ZIP 3960-535 SOUTH POINTE DR.
ORLANDO, FL 32822

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

By: *[Signature]* PRES. 3-5-99 (407) 414-3042

Date

Daytime Phone #

CR2E034 (11/98)