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

Mailing Address P.O. BOX 943

WILLISTON FL 32696

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

WILLISTON FL 32926

US

NAME

STREET ADDRESS

SIGNATURE: DANN SHANKE VEWS RECU

CITY-ST-ZIP

17851 NE STATE ROAD 121

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

DO NOT WRITE IN THIS SPACE

Applied For

352-319-1083 Daytime Phone # 0001657

3. Date Incorporated or Qualified 10/30/1995 4, FEI Number

Apr 17, 1998 8:00 am Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000083019 (6) **DOCUMENT #**

CONSULTANT AND TECHNICAL SERVICES, INC.

59-3355200 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. V 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes or has paid the current year Intangible Country Zip Country Zip ☐ No Yes Personal Property Tax due June 30. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STEVENS, DANNY H 17851 N.E. ST. ROAD 121 Street Address (P.O. Box Number is Not Acceptable) 82 WILLISTON FL 32696 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE STEVENS, DANNY H 1.2 NAME NAME 17851 N.E. STATE RD. 121 1.3 STREET ADDRESS STREET ADDRESS WILLISTON FL 32696 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME Ţ., O ----2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

> 6.2 NAME 6.3 STREET ADORESS

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.