

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

FILED

Jan 27 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011587 (8)

1. Corporation Name
ROSS CONSULTING, INC.

Principal Place of Business

330 DEVILS BIGHT
NAPLES FL 33940

Mailing Address

330 DEVILS BIGHT
NAPLES FL 34103-2432

3. Date Incorporated or Qualified

02/02/1996

3a. Date of Last Report

NONE

4. FEI Number

31-1458001

Applied For

Not Applicable

2. Principal Place of Business

21 7195 TORY LANE

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip

24 34108

Country

25 COLLIER

2a. Mailing Address

26 7195 TORY LANE

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

29 34108

Country

30 COLLIER

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSS, LOUIS R
330 DEVILS BIGHT
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

LOUIS R ROSS

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

83

7195 TORY LANE

84 City

NAPLES

FL

85 Zip Code

34108

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 607.1505, Florida Statutes.

SIGNATURE

LOUIS R ROSS

JAN 21, 1997

Sign, date, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1-TITLE PRESIDENT - CEO ☐ DELETENAME LOUIS R ROSS
STREET ADDRESS 7195 TORY LANE
CITY - ST - ZIP NAPLES FL 341081-TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME NONE

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 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 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:

LOUIS R ROSS

Jan 21 97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0411114

CR2E034 (9/96)