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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012765 (9)

STAT CONSULTING, INC.

FILED May 07 1998 8:00am Secretary of State



	-75	44.00				
Principal Place of Business Mailing Address						
2536 WYE OAK LANE 2536 WYE OAK LANE SARASOTA FL 34232 SARASOTA FL 34232						
SARASUIA P	C 34632	SANASOTA EL SAZSE			DO NOT WRITE IN TH	S SPACE
					3. Date Incorporated or Qualified	
					02/09/1996	
<u></u> '		2a. Mailing Address	, Mailing Address		4. FEI Number	Applied For
21		26			65-0649052	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u> ¬ ' '		6. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	City & State		A Florida Consider Florida	
23		<u> </u>	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Zip Country		8. This corporation owes or has paid the	
24	25	<u></u>	30	•	Personal Property Tax due June 30.	Yes M No
	9. Name and Address of Curre				10. Name and Address of New Registers	d Agent
THOMAS, ANDREA L				Name		
2536 WYE OAK LANE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34232						
			83	8		
			84	l City	<u> </u>	85 Zip Code
			ŀ	'	F	
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 Stoneture, byted or printed harve of registered agent and title if applicable. (NOTE Registered Agent signature requires when reinstating) DATE OPEN 1 PRESIDENT 4 (2019)						
12.	Signature, typed or printed harrie of registered a	goni and title if applicable (NOTE ND DIRECTORS	Hegistered Ag	gent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	DELETE	1.1 TITLE		ADDITIONAL TO STATE OF A SERIE A	☐ Change ☐ Addition
NAME	THOMAS, ANDREA L		1,2 NAME			_ • -
STREET ADDRESS	2536 WYE OAK LANE		4	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-			
TITLE	VIC DELETE		2.1 TITLE			Change Addition
NAME	THOMAS, RICHARD C		2.2 NAME			
STREET ADDRESS	2536 WYE OAK LANE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAMI			
- STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP		Delete	4.4 CITY-	ST-ZIP		Character 1 (44)
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-	ST-ZIP		Change Addition
TITLE		Dtitit	6.1 TITLE			C CHANGE C MOUNTON
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	L	1100 100 500 100 100 100 100 100 100 100	6.4 CITY-		0	and if that the information

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 arrutal 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.