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 # P96000014177

1. Corporation Name

RICHARD BARRETT SALES CONSULTING, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90088 044 ***150.00



Principal Place of Business Mailing Address						. (Sanidas ind court offic Said Court botte Said)	11 811 91 88 11 11 E	211 (8911 106) (46)
15420 LIVINGSTON AVENUE STE 2117 15420 LIVINGSTON AVENUE LUTZ FL 33549 LUTZ FL 33549								
						DO NOT WRITE IN THIS	SPACE	
						3. Date incorporated or Qualifed		ì
Principal Place of Business 2a. Mailing Address						02/10/1996 4. FEI Number		1
21	26					59-3362168		Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					····	35-3302 100		Not Applicable Additional
27						5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing		May Be
23	-	28				Trust Fund Contribution	Added	d to Fees
Zip	_ ·			Country		8. This corporation owes the current year Interest.	_	%
24	9. Name and Address of Curre		30	1		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	ur Kadistalen Affaur		81	Name	10. Name and Address of New Registered	agent	
Barrett, Richard 15420 Livingston Avenue Ste 2117 Lutz Fl 33549								
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83			-	
								
				84	City	FL	85 Zip	Code
Office of t	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	utnorized	ibvi	the corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing it itment as r	s registered egistered
SIGNATURE	,,,		100 01011					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered	Agent	signature required	when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	D	☐ DÉLETE	1,1 TIT	LE			☐ Change	Addition
NAME	BARRETT, RICHARD		1.2 NA	ME				
STREET ADDRESS	15420 LIVINGSTON AVENUE S	STE 2117	1.3 ST	REFT	ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CIT	Y-ST	ZIP			
TITLE		☐ DELETE	2.1 TIT	LΕ			☐ Change	Addition
NAME			2.2 NA	WE				. [
STREET ADDRESS			2.3 ST	REET.	ADDRESS			ŀ
CITY-ST-ZIP			2. 4 CT		-ZIP			
TITLE		☐ DELETE	3.1 TIT				Change	Addition
NAME			3.2 NA					
STREET ADDRESS			1		ADDRESS			j
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CI		-ZIP		Chapas	Addition
NAME			4,1 III 4,2 NA				☐ Change	Addition
STREET ADDRESS			1		ADDOCCO.			
CITY-ST-ZIP					ADDRESS			İ
TITLE		☐ DELETE	4.4 CIT		- 411"		Change	Addition
NAME			5.1 NA				Grange	
STREET ADDRESS					ADDRESS			}
CITY-ST-ZIP			5.4 CIT					
TITLE	······································	☐ DELETE	6.1 TITI		- 		Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS			ı		ADDRESS			}
CITY-ST-ZIP			6.4 CIT					

I hereby certify that the information supplied with this filing does not qualify or 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 address, with all other like empowered.

SIGNATURE;

813 966 6588