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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000016712 (7)

ACKROYD CONSULTING, INC.

Principal Place of Business

Mailing Address

316 MEL JEN DRIVE NAPLES FL 33942 316 MEL JEN DRIVE NAPLES FL 34105-6317

## FILED Feb 28 1997 8:00am Secretary of State



NAPLES FL 33942		NAPLES PL 341US-6317				
					3. Date Incorporated or Qualified 02/21/1996	3a. Date of Last Report
2. Principal Place of Su	siness	2a. Mailing Address			4. FEI Number	Applied For
21 600 5th Avenue South		26 600 5 th Avenue South		h 65-0616815	Not Applicable	
Strite, Apt #, etc. 22 304		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State NepQeS FL		City & State 28 NODOS FC		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
71p 34100	Country 25 いらわ	<sup>Ζιρ</sup> 34108	30 Cou	ntry ム <b>らけ</b>	8. This corporation has liability for Elorida Statutes	intangible tax under s. 199.032, Yes \[ \] No
	ne and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
Paulich, Joi				81 Name		1
	ette road 6th floor			<b>82</b> Street	Address (P.O. Box Number is Not Acceptab	ole)
Naples Fl 3	3940			J. 5. 55. 7	Tooloo (175. Don') tan'ioo io (101 hoooptaa	
				83		
				84 City		FL 85 Zip Code
11. Pursuant to the prov	visions of Sections 607 0502	and 607 1508. Florida Stati	utes the at	nove-named	corporation submits this statement for the p	
office or registered.	agent, or both, in the State owith, and accept the obligation	of Florida. Such change was	s authorized	i by the corp	poration's board of directors. I hereby accep	of the appointment as registered
SIGNATURE Signature to	or 1 or profest names of registered agen	and tille if applicable (NO	Olt Registered	Agent signature	required when rainstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
THE RASIC	dents 1 1.	☐ DELETE	1.7 [1]	ΊΕ	Revident _	☐ Change 💢 Addition
NAME TALL	The south charge		1.2 NAME		James wo Hobroy O	
STREET ADDMESS			1.3 ST	REET ADDRESS	316 Hel Jen St	
C/TY - \$1 - 2/P			1.4 CI	TY-ST-ZIP	Negoes FL 34105	
THLE		☐ DELETE	2.1 [1]	ιE		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		
COY+SI-7IP			2.4 C	TY-ST-ZIP	* 1	**************************************
ШЕ		☐ DELETE	3.1 T(	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
Cill's - ST - ZiP			3.4. C	1Y-\$1-ZIP		
TITLE	☐ DELETE 4		4.1 (1)	LE.		Change Addition
NAME			4. 2 N	AME :		
STREET ACCORESS			4.3 ST	REET ADDRESS		
Ū(1Y+S1+7IP			4.4 CI	IY-ST-ZIP		
TITLE		DELETE	5.1 1(1	'LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
O(F) + SE - ZIP			5.4 CI	TY - ST - ZIP		
TITLE		DELETE	6.1 [[]			Change Addition
NAME			6.2 NA	ME .		
STREET ADDRESS				REET ADDRESS		
C/TY - ST - 7IP				IY-ST-ZIP		
	hat the information supplied	with this filing does not qua			tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the

4. 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 11 or Block 13 if changed or on an attachment with an address.

SIGNATURE

ATUBE AND TYPES ON THE BOUME OF SIGNING OF ICER OF DIRECTOR

9-21-4-

841-361-3144