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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P96000025843**1. Corporation Name

MANAGEMENT & MARKETING CONSULTING, INC.

					[(B3((B3) (KB FBFI8 £20) DB3) BBFI BBFI 48) B GFB GFB FBFB FBF	i Bibon fill ione
Principal Place	of Business	Mailing Address			a de la companya de	
1706-D CAPITAL CIR NE 1706-D CAPITAL CIR NE						
#6					DO NOT WRITE IN THIS SPACE	
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308					3. Date Incorporated or Qualifed	
					03/18/1996	i
		2- Maille-Addross				opplied For
2. Principal Pl	ace of Business	2a. Mailing Address			l	lot Applicable
21 26			*		\$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required	
22 27 City & State					A SI Viv Commiss Singuism) No. 100
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23		28	Country	,	Traditional Content of the Content o	10.000
	Zip Country Zip				8. This corporation owes the current year Intangible Personal Property Tax.	
24 25 29 30				10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	it Registered Agent	81	Name	to. Intilito tille requises of from Intigrates of righting	
WAT	SON, FRANKLIN	• •	"	Hame		
	•	82	82 Street Address (P.O. Box Number is Not Acceptable)			
	PATCH DR AHASSEE FL 32308		-			
IALL	ANASSEE FL 32300		83			
			84	City	85 Zir	Code
	,				, , , , , , , , , , , , , , , , , , ,	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purpose of changing i	is registered registered
	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida, Such change was auto-	OHZEU DY	THE COLDOR	allor's board of directors, thereby decopt the appearance	og.b.o.o.
_	Frankle Intol	FRANKLIN	WATS	SoN	118199	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Age	nt signature requ	uired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change	e ☐ Addition
NAME	WATSON, FRANKLIN		1.2 NAME			
STREET ADDRESS	3794 PATCH DR		1.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY- 8	ST-ZIP	·	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change	e Addition
NAME	WATSON, NANCY H		2.2 NAME			ļ
	3794 PATCH DR			T ADDRESS .	and the same of th	, 1
_ STREET ADDRESS	TALLAHASSEE FL 32308	-	2. 4 CITY-			
CITY-ST-ZIP	C BELETE		3.1 TITLE	Q1-24F	☐ Changi	e Addition
TITLE	D			İ	·	
NAME	WATSON, MICHAEL S		3.2 NAME	T 40000000		
STREET ADDRESS	3794 PATCH DR			TADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308	Delete.	3.4. CITY-	ST-ZIP	. Chang	e Addition
TITLE	D	☐ DELETE	4.1 TITLE		· Domain	
NAME	WATSON, MATTHEW S		4. 2 NAME			
STREET ADDRESS	3794 PATCH DR			TADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-S	ST-ZIP		e Addition
TITLE	D	☐ DELETE	5.1 TITLE		☐ Chang	a Modition
NAME	WATSON, JULIE M		5.2 NAME			
STREET ADDRESS	3794 PATCH DR		5.3 STREE	ET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308	•	5.4 CITY-5	ST-ZIP	·	
TITLE	7.2	☐ DELETE	6.1 TITLE		☐ Chang	e 🔲 Addition

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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90071 009 ***150.00