

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

0521412

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90139 004 ***150.00

DOCUMENT # **P96000049058**

1. Corporation Name

LIVE OAK CONSULTING GROUP, INC.



Principal Place of Business

**7407 US HWY 301
RIVERVIEW FL 33569
US**

Mailing Address

**P.O. BOX 1917
VALRICO FL 33595-1917**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

59-3386584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2506 BRINHOLLOW DR
Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 VALRICO, FL

City & State

Zip

24 33594

Country

25 USA

Zip

Country

30

9. Name and Address of Current Registered Agent

**FAULKNER, DORIE K
7407 US HWY. 301 SOUTH
RIVERVIEW FL 33569-4385**

10. Name and Address of New Registered Agent

81 Name

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

2506 BRINHOLLOW DR

83

84 City **VALRICO**

FL

85 Zip Code **33594**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE PVST
NAME FAULKNER, DORIE K
STREET ADDRESS 7407 US HWY 301 SO
CITY-ST-ZIP RIVERVIEW FL 33569**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**2506 BRINHOLLOW DR
VALRICO, FL 33594**

☐ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy K. Faulkner

2-5-99 813-654-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)