

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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90056 023 \*\*\*150.00

**DOCUMENT # P96000061027**

1. Corporation Name

**HAGGERTY CONSULTING, INC.**



Principal Place of Business

12 VIA DE LUNA DR  
SUITE 303  
PENSACOLA BEACH FL 32561  
US

Mailing Address

12 VIA DE LUNA DR  
SUITE 303  
PENSACOLA BEACH FL 32561  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **400 GULF BREEZE PKWY**

2a. Mailing Address

26 **400 GULF BREEZE PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 300**

27 **SUITE 300**

City & State

City & State

23 **GULF BREEZE, FL**

28 **GULF BREEZE FL**

Zip

Zip

Country

Country

24 **32561**

25

**US**

29 **32561**

30

**US**

9. Name and Address of Current Registered Agent

JOHNSTON, DAVID W  
12 VIA DE LUNA DR  
SUITE 303  
PENSACOLA BEACH FL 32561

3. Date Incorporated or Qualified

**07/19/1996**

4. FEI Number

**59-3396397**

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

10. Name and Address of New Registered Agent

81

Name

**TERI HAGGERTY**

82

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

**400 GULF BREEZE PKWY SUITE 300**

83

City

**GULF BREEZE**

**FL**

85 Zip Code  
**32561**

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 **Teri Haggerty** **President**

**4-4-99**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE  
NAME **HAGGERTY, TERI A**  
STREET ADDRESS **12 VIA DE LUNA DR SUITE 303**  
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES.** ☒ Change ☐ Addition  
1.2 NAME **TERI HAGGERTY**  
1.3 STREET ADDRESS **400 GULF BREEZE PKWY SUITE 300**  
1.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Teri Haggerty** **REQUIRED**

(Signature and typed or printed name of signing officer or director)

**4-4-99**

Date

**850-934-4396**

Daytime Phone #

CR2E034 (1/1/98)