SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069234 (8)

HEROLD CONSULTING, INC.

FILED Aug 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I I I B D E I M D I I I D I I D I I I D E I I I O B I I	II ABIII BBIIA BIIIN IBIIQ (IBBB IIII) AIAH IBBI
743 HILLCREST DRIVE N.W. BRADENTON FL 34209			743 HILLCREST DRIVE N.W. BRADENTON FL 34209		DO NOT WRIT	TE IN THIS S PACE
					3. Date Incorporated or Qualified	
					08/16/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0689987	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·		5. Comments of States Seamed	Fee Required
City & State		City & State	⊢		6. Election Campaign Financing	55.00 May Be
23			28		Trust Fund Contribution	Added to Fees
Zip	Country	Z ip r∷=1	Countr	y	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of C	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
0111	······································	nitetit vedistelen viletit	81	Name	IV. Name and Address of New R	egistered Agent
CANAN, MICHAEL J						
	I. ORANGE AVE.		82 Street Add		Iress (P.O. Box Number is Not Acceptal	ble)
	E 1400		83			
OKL	ANDO FL 32801					
			84	City		FL 85 Zip Code
office or	to the provisions of sections 607 registered agent, or both, in the am familiar with, and accept the	State of Florida. Such change w	as authorized b	the corporat	oration submits this statement for the pution's board of directors. I hereby accep	rpose of ch ang ing its registered t the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Age					quired when reinstating)	DATE
12.			13.	 	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PD COANIC	L DELETE				L Change L Addition
NAME	112.10.20, 110.00.		1.2 NAME			5
STREET ADDRESS			1	TADDRESS		[5
CITY-ST-ZIP TITLE	BRADENTON FL		1.4 CITY-S 2.1 TITLE	T-ZIP		
NAME	STD.	☐ DELETE	2.1 HILE 2.2 NAME			Change Addition
				T ADDOESE		
STREET ADORESS				TADDRESS		198 2
CITY-ST-ZIP TITLE			2.4 CITY-S 3.1 TITLE	1-217		Charge Addition
NAME	C beccit		3.2 NAME	1		Change Addition
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4 CITY-S	i		
TITLE						Change Addition
NAME	C OCCLIC		4.2 NAME			Cuange C Accincil
STREET ADORESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		5.2 N.		}		Change L. Havidon
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S			
TITLE			6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
						

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 employed 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 without a prices.