

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 # P96000069977 (2)

1. Corporation Name
CIMARRON CONSULTING, INC.

Principal Place of Business

1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

Mailing Address

1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301-2843

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

08/22/1996

3a. Date of Last Report

4. FEI Number

59-3400964

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE
NAME O'BRYANT, FAYE ELLEN
STREET ADDRESS C/O 1406 HAYS STREET, SUITE 2
CITY-ST-ZIP TALLAHASSEE FL 32301

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 D/P/T ☒ Change ☐ Addition
1.2 NAME O'BRYANT, FAYE ELLEN
1.3 STREET ADDRESS C/O 1406 HAYS STREET, SUITE 2
1.4 CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE D/V ☐ Change ☒ Addition
2.2 NAME O'BRYANT, JAMES L.
2.3 STREET ADDRESS C/O 1406 HAYS STREET, SUITE 2
2.4 CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE D/S ☐ Change ☒ Addition
3.2 NAME TERRELL, IRVIN CHARLES
3.3 STREET ADDRESS C/O 1406 HAYS STREET, SUITE 2
3.4 CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 8000002158513--S
4.3 STREET ADDRESS -04/29/97--01081--008
4.4 CITY-ST-ZIP *****173.75 *****173.75

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FAYE ELLEN O'BRYANT

4/28/97

(503) 721-7056

CP2E034 (9/96)