

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

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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**DOCUMENT # P96000074875 (1)**

1. Corporation Name  
**SHARBY CONSULTING, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |  |
|---|--|
| Principal Place of Business<br><b>929 CUTLER ROAD<br/>LONGWOOD FL 32779</b> | Mailing Address<br><b>929 CUTLER ROAD<br/>LONGWOOD FL 32779-3525</b> |
|---|--|

|  |                         |
|--|-------------------------|
| 3. Date Incorporated or Qualified<br><b>09/10/1996</b> | 3a. Date of Last Report |
|--|-------------------------|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
|---|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3399893</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br><b>COOLEY, R. EDWARD<br/>1450 SR 434 WEST<br/>SUITE 200<br/>LONGWOOD FL 32750</b> |  |
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|---|
| 10. Name and Address of New Registered Agent<br>81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>84. City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-signing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS               |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---|---|---|
| TITLE<br><b>PD</b>                       | NAME<br><b>COCKRELL, ASHBY U</b>        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>929 CUTLER ROAD</b> | CITY-ST-ZIP<br><b>LONGWOOD FL 32779</b> | 1.2 NAME  |   |
| TITLE<br><b>SD</b>                       | NAME<br><b>COCKRELL, SHARON W</b>       | 1.3 STREET ADDRESS                                    |   |
| STREET ADDRESS<br><b>929 CUTLER ROAD</b> | CITY-ST-ZIP<br><b>LONGWOOD FL 32779</b> | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                                    | NAME                                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 2.2 NAME  |   |
| TITLE                                    | NAME                                    | 2.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                                    | NAME                                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 3.2 NAME  |   |
| TITLE                                    | NAME                                    | 3.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                                    | NAME                                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 4.2 NAME  |   |
| TITLE                                    | NAME                                    | 4.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                                    | NAME                                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 5.2 NAME  |   |
| TITLE                                    | NAME                                    | 5.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                                    | NAME                                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 6.2 NAME  |   |
| TITLE                                    | NAME                                    | 6.3 STREET ADDRESS                                    |   |
| STREET ADDRESS                           | CITY-ST-ZIP                             | 6.4 CITY-ST-ZIP                                       |   |

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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: Sandra B. Northam **REQUIRED** Date: **Apr. 15, 1997** Daytime Phone #: **800-905-7344**

CR2E034 (9/96)

July 25, 1997

(2)

To: Division of Corporations

From: Ashby Cockrell

Re: Corp. Annual Report

I spoke with Jackie in your office today about a second notice I had received when I had filed this report on April 15, 1997.

Jackie instructed me to copy my original report, re-sign it with original signature, mail in with another check for \$165.00, & check to see if my April check had cleared my bank.

I called & checked on my previous check & it has never cleared.

I am therefore enclosing a new check & a copy of my original report with a new signature & date.

Thanking you for your assistance, I am...

Sincerely,

Ashby Cockrell