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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078253 (7)

LANE CONSULTING, INC.

	ce of Business ER SOUND DRIVE #406 t FL 34622	13535 FEATHER	Mailing Address 13535 FEATHER SOUND DRIVE #405 CLEARWATER FL 34622-5587				
						3, Date Incorporated or Qualified 3a, Date of Last Report 09/19/1996	
2, Principal	Place of Business	2a. Mailing Add	2a. Mailing Address			4, FEI Number Applied For	
21		26				59-3401465 Not Applicable	
Suite, Apt. #, etc.		⊢ ₁	Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & Sia	1 Z	City & State	City & State				
23	ate.	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country	y	This corporation has liability for intengible tax under s. 199.032,	
24	25	29	30			Florida Statutes Yes No	
	g. Name and Address of Curr	ent Registered Agent				10, Name and Address of New Registered Agent	
	ne, Jeffrey G			81	Name		
13535 FEATHER SOUND DRIVE #405				82	Street	Address (P.O. Box Number is Not Acceptable)	
ÇU	EARWATER FL 34822				<u> </u>		
				83	'		
				84	City	85 Zip Code	
44 Purcuan	t to the provisions of Sections 607 0	502 and 607 1508 Flori	da Statutos, the	abov	e-named	corporation submits this statement for the purpose of changing its registered	
agent. I SIGNATURE	am familiar with, and accept the obli	igations of, Section 607	.0505, Florida \$	Statute	·S.	poration's board of directors. I hereby accept the appointment as registered e required when reinstating) DATE	
12.		ND DIRECTORS		3.	on agrado o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			1 TITLE		D, S X Change Addition	
NAME	LANE, JEFFREY G		1.	2 NAME			
STREET ADDRESS		IVE #405	1.	3 STREE	T ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 34822			4 CITY-	ST-ZIP		
TITLF		[_] D	1 1	1 TITLE	ļ	D.P LJ Change kyl Addition	
NAME	Į			2 NAME		Lane, William H.	
STREET ADDRESS	5				TADDRESS	4702 Southbreeze Dr.	
CITY - ST - ZIP		Пр		4 CITY-	ST-ZIP	Tampa, FL 33624	
TITLE		[] <i>U</i>		2 NAME	1	C Orlange C Adminor	
NAME STREET ADDRESS					T ADORESS		
CITY - ST - ZIP	1			4 CITY			
TITLE		□ D		1 TITLE	57 E.	Change Addition	
NAME			4	2 NAME	:		
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIF				4 CITY-			
TITLE		□ D	ELETE 5	1 TITLE		Change Addition	
NAMÉ			5	2 NAME			
STREET ADDRESS	i		5	3 STREE	T ADDRESS		
CITY - ST - ZIP				4 CITY-	ST-ZIP		
TITLE			ELETE 6	1 TITLE		☐ Change ☐ Addition	
NAME			6	2 NAME			
STREET ADDRESS	s l		6	3 STREE	T ADDRESS		

SIGNATURE: / William A . Day WILLIAM H. LANE AMIK A97 813-961-259.

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