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FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000084969 (0)

1. Corporation Name

BOTTOM LINE CONSULTING GROUP, INC.



Principal Place of Business

5348 HUNTINGWOOD COURT  
SARASOTA FL 34235

Mailing Address

5348 HUNTINGWOOD COURT  
SARASOTA FL 34235-5651

3. Date Incorporated or Qualified

10/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 1060 COMMERCE BLD. N.

2a. Mailing Address

26 SAME

4. FEI Number

65-0703102

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #201

Suite, Apt. #, etc.

27

City & State

23 SARASOTA FL

City & State

28

Zip

24 34243

Country

25 MANATEE/USA

Zip

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees 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

9. Name and Address of Current Registered Agent

GERRITY, THOMAS E  
1900 MAIN STREET STE 201  
SARASOTA FL 34236

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN	
STREET ADDRESS	5348 HUNTINGWOOD COURT	
CITY - ST - ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIFE, PAT	
STREET ADDRESS	1351 S CORONA	
CITY - ST - ZIP	DENVER CO 80210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAGER, JERRY	
STREET ADDRESS	13536 MAGDALENE DR	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARY	
STREET ADDRESS	5348 HUNTINGWOOD CT.	
CITY - ST - ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDKOWSKI, NANCY	
STREET ADDRESS	7220 CALADESIA DR.	
CITY - ST - ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORTER, KERRY	
STREET ADDRESS	1002 SOUTHERN PINE LN	
CITY - ST - ZIP	SARASOTA FL 34243	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. JOHNSON

4/15/97

Date

941-378-2042

Daytime Phone #

CR2E034 (9/96)