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

PROFIT CORPORATION ANNUAL REPORT

1997

CHY-ST-7IP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000085821 (2)

S G CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address 3806 NORTH OAK DRIVE V-22 3806 NORTH OAK DRIVE V-22 TAMPA FL 33611 TAMPA FL 33611-2546 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9-3*405339* Not Applicable 26 Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name SANDERS, WALTER 13910 NORTH DALE MABRY HWY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE ONE 83 **TAMPA FL 33618** Zip Code 84 City 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 largent, 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 tary had with, and accept the obligations of Section 607.0505. Florida Statutes. Na Huz Sandero nan e of registered agont and title 4 applicabili SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE 11 TITLE TITLE GEAREN, SHIRLEY XA. 1.2 NAME 3806 NORTH OAK DRIVE V-22 STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33611** 14 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GEAREN, THOMAS T NAME **2.2 NAME** 3806 NORTH OAK DRIVE V-22 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33611** CITY - ST- ZIP 2. 4 CITY-ST-ZIP DELETE 3 1 TITLE ☐ Change ■ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZiP DELETE Change Addition TITLE 5.1 THE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6 3 STREET ADDRESS**

64 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.