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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099511 (3)

CONSULTING SERVICES OF OKALOOSA COUNTY, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



400 NORTHAMPTON CIR 400 NORTHAMPTON CIR FT WALTON BEACH FL 32547 FT WALTON BEACH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3424839 305 DUVAL Suite, Apt. #, etc. 21 305 DUVAL Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be TT WALTON FT WALTON LEACH. 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 USA Personal Property Tax due June 30. ☐ Yes 25 OSA 29 . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOWNSEND, JOHN P 142 EGUN PKWY SE 82 Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEAC FL 32548 83 R4 City 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 rainstating) Signature, typed or printed name of registered agent and title if applicable (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE ROHLING, ARTHUR H NAME 1,2 NAME CR2E034 **400 NORTHAMPTON CIR** STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BEACH FL 32547 CITY-ST-ZIP 1,4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BAKKE, KASSANDRA L NAME 2.2 NAME 36 E CASA LOMA STREET ADDRESS 2.3 STREET ADDRESS MARY ESTHER FL 32569 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 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 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 of the required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the accuracy of the corporation of the cor