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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000007029

1. Corporation Name
LEDGER REPORT INC. DBA OUTREACH CONSULTANT SERVICES

Principal Place of Business
7227 Glendyne DR. S
JACKSONVILLE, FL 32216

Mailing Address
(SAME)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
JANUARY 24, 1997

4. FEI Number
59 342 5054
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DALE L. SHAW
7227 GLENDYNE DR. S.
JACKSONVILLE, FL 32216

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 is also required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EXECUTIVE DIRECTOR/CEO ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DALE L. SHAW	12 NAME	
STREET ADDRESS	7227 GLENDYNE DR. S.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL. 32216	14 CITY ST ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY ST ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

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***150.00

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 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: Dale L. Shaw DALE L. SHAW April 26 '98 (904) 730-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #