

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90005 039 \*\*\*150.00

0103648

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000008046**

1. Corporation Name

**CONNER CONSULTANTS, INC.**

Principal Place of Business

**7404 BROOKLINE AVE  
FT PIERCE FL 34951**

**US 6013 NW HIXON CT  
PORT ST. LUCIE, FLA**

**(NO MAIL RECEPTACLE) 34983**

Mailing Address

**3186 EDWARDS RD  
FT PIERCE FL 34901**

**P.O. Box 12249  
FT. PIERCE, FL  
34979-2249**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/28/1997**

4. FEI Number

**65-0721840**

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 the current year  
Intangible Personal Property.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROUSE, DEBORAH**

**7404 BROOKLINE AVE  
FT PIERCE FL 34951**

**6013 NW HIXON CT  
PORT ST. LUCIE, FL**

**34983**

**(NO MAIL RECEPTACLE)**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROUSE, DEBORAH</b>	
STREET ADDRESS	<b>7404 BROOKLINE AVE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL 34951</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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

**7/9/99**

**561-461-2927**

Date

Daytime Phone #

CR2E034 (5/99)

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July 9, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P97000008046

To Whom It May Concern:

On July 6, 1999 I received the 1999 Profit Corporation Annual Report which had a 2<sup>nd</sup> Notice marked on it. I have not received a first notice and perhaps it is because there are several different addresses shown on the 2<sup>nd</sup> Notice.

In October 1998, I sent an notice to your office requesting you change my physical address as the current registered agent to 6013 NW Hixon Ct. Port St. Lucie, FL 34983 (there is no mail receptacle) and asked that you change the mailing address to P.O. Box 12249 Fort Pierce, FL 34979-2249.

It appears that the inside of the return has the old addresses listed (which I have corrected to reflect the proper addresses). I noted that the outside of the return has the P.O. Box listed correctly. I contacted your office this morning and was advised to send in a check for the \$150.00 and to request in writing again for you to correct my addresses. I will also request a print out this time to make sure the addresses have been corrected as I did not do that when I requested the first address change in October 1998.

Thank you for your assistance in this matter.

Sincerely,



Deborah A. Crouse  
President

P. O. Box 12249 Fort Pierce, FL 34979-2249

Phone 561-461-2927

Fax 561-465-9904