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

FILED Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000009484 (1) KCH CONSULTING, INC. Principal Place of Business Mailing Address 17810 GREYBROKKE DRIVE 17810 GREYBROKKE DRIVE TAMPA FL 33647 TAMPA FL 33647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8801 Hynters Lake Pr 8801 Hunters Lake Dr 59-342 4545 26 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & S City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible X Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BASTIAN, DAIVD A CPA 81 Name 15310 AMBERLY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 250 TAMPA FL 33647 83 84 City 65 Zip Code 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 agont, 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 Flogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE GREENHALGH, ROBERT L NAME 1.2 NAME 17810 GREYBROKKE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33647** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change ___ Addition 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Channe Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental 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

4.4 CITY-ST-ZIP

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

DELETE

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907-967f

Change

Change

Addition

■ Addition