

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010448 (3)

1. Corporation Name
TRUE-HATFIELD CONSULTING, INC.

Principal Place of Business
9438 US HIGHWAY 19 NO STE 150
PORT RICHEY FL 34668

Mailing Address
9438 US HIGHWAY 19 NO STE 150
PORT RICHEY FL 34668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6330 Forrester Dr Suite, Apt. #, etc. 22 City & State Bradenton FL 23 Zip 34202 Country USA		2a. Mailing Address 26 6330 Forrester Dr Suite, Apt. #, etc. 27 City & State Bradenton, FL 28 Zip 34202 Country USA		3. Date Incorporated or Qualified 01/29/1997	
4. FEI Number 59-3449744		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent HATFIELD, GARY R 9438 US HIGHWAY 19 NO STE 150 PORT RICHEY FL 34668				10. Name and Address of New Registered Agent	
81 Name GARY R. HATFIELD				82 Street Address (P.O. Box Number is Not Acceptable) 6330 Forrester Dr.	
83				84 City Bradenton FL	
				85 Zip Code 34202	

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

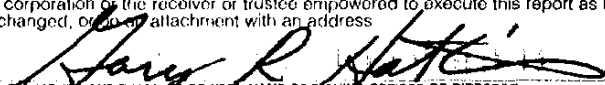
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	P/S
NAME	HATFIELD, GARY R	1.2 NAME	JOYCE E. TRUE-HATFIELD
STREET ADDRESS	9438 US HIGHWAY 19 NO STE 150	1.3 STREET ADDRESS	6330 Forrester Dr
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	BRADENTON, FL 34202
TITLE		2.1 TITLE	V/T
NAME		2.2 NAME	GARY R. HATFIELD
STREET ADDRESS		2.3 STREET ADDRESS	6330 FORRESTER, DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BRADENTON, FL, 34202
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: 

3-5-98 94-
751-5299

CR2E034 (10/97)