FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED May 21, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Secretary of State ANNUAL REPORT Secretary of State 05-21-1999 90005 002 ***150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P97000016894 Foster Consulting Group 16402 Turnbury Oak Drive DO NOT WRITE IN THIS SPACE Odessa, FL 33556 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Same Not Applicable Same 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Same Fee Required Samo 27 6. Election Campaign Financing City & State City & State \$5.00 May Be Sam e Added to Fees Trust Fund Contribution 28 Country 8. This corporation owes the current year Intangible ÚŚ A 25 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Scott F. Barnett, Chartered 238 East Davis Boulevard, Svite 205 Street Address (P.O. Box Number is Not Acceptable) 83 Tampa, FL 33606-3756 Zip Code 84 City 85 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) (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.1 TITLE President Jerry Foster, Jr 16402 Tumbury Oak Drive Odessa, FL 33556 CR2E034 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS odessa, FL 33 Vice President 1,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 2.1 TITLE Susan Foster 16402 Tumbury Oak Drive 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 41 TITLE 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS

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 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, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

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12.

TITLE

NAME

TITLE

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STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

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