

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90185 003 ***150.00

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DOCUMENT # P97000020743

1. Corporation Name

ATCHISON CONSULTANTS, INC.



Principal Place of Business

**1803 BENEVA ROAD
SUITE 800
SARASOTA FL 34232
US**

Mailing Address

**PO BOX 4019
SARASOTA FL 34230
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

65-0750013

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7635 Albert Tillinghast

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dr.

City & State
Sarasota FL

City & State

Zip Country
34240 USA

Zip Country

9. Name and Address of Current Registered Agent

**JOSEPH E ATCHISON
1803 BENEVA ROAD
SUITE 800
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81 Name

JOSEPH E. ATCHISON

82 Street Address (P.O. Box Number is Not Acceptable)

7635 Albert Tillinghast Dr.

83

84 City
Sarasota

FL

85 Zip Code
34240

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

2-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
ATCHISON, JOSEPH E
1803 BENEVA RD. SUITE 800
SARASOTA FL 34232**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
ATCHISON, BETTY J
1803 BENEVA RD., SUITE 800
SARASOTA FL 34232**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Joseph E. Atchison
JOSEPH E. ATCHISON

Date

Daytime Phone #

CR2E034 (1/98)