Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90119 045 \*\*\*150.00

## 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** 

## DOCUMENT # P97000023997

1. Corporation Name

DUTTON	CONSULTING & SALES IN	√C.							
Principal Place	of Business	Mailing Address				-	11 <b>240</b> JULIO 1011 <b>0</b> 11	0111 1 <b>0</b> 01 10 01	
3685 WEXFORD HOLLOW ROAD EAST JACKSONVILLE FL 32224  3685 WEXFORD HOLLOW ROAD EAST JACKSONVILLE FL 32224				AST		DO NOT WRITE IN THIS	SPACE		
1:						3. Date Incorporated or Qualifed 03/18/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26	26			59-3444622	Not	Applicable	
Suite, Apt.	¥, etc.	Suite, Apt. #, etc.	,			5. Certifcate of Status Desired	\$8.75 Ad		
22 =		= 27 = <del> </del>				3. Verificate of Charles Desired	Fee Req		
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	,	
Zip Country		Zip	Zip Country			8. This corporation owes the current year Int		_	
24	25	29	30			Personal Property Tax.		No	
	9. Name and Address of Current	t Registered Agent		1		10. Name and Address of New Registered	Agent		
1					Name				
AHERN, FRED L JR. 2215 SOUTH THIRD STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 201					<u></u>				
JACKSONVILLE FL 32250			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		TE: Registere		t signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	
12.	OFFICERS AND	DELETE	_	· NTLE		ADDITIONS/CHANGES TO OFFICERO AN	Change	Addition	
TITLE	DUTTON, DEAN T	O 2#2#14	1	VAME			_		
NAME	GOOD MEYEODD HOLLOW DOAD FAST				ADDRESS				
STREET ADDRESS	IACKCONIGHTE EL 2004			CITY-S1	ī				
CITY-ST-ZIP	ONIONIO ONIO ONIO ONIO ONIO ONIO ONIO O	☐ DELETE		IIILE	· <del>-</del>		Change	Addition	
NAME			2.21	NAME					
STREET ADDRESS			2.3 8	STREET	ADDRESS				
CITY-51-ZIP			2.4	ČITY-S	T-ZIP	<u> </u>	<del></del>		
TITLE		☐ DELETE		TITLE			Change	Addition	
NAME			3.21	NAME					
STREET ADDRESS			3.3 5	STREE1	ADDRESS			ĺ	
CITY-ST-ZIP	· _		3.4.	CITY-S	iT-ZIP				
TIFLE		☐ DELETE	4.1	TITLE	Ĭ		Change	Addition	
NAME			4. 2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			_	CITY-S	T-ZIP				
TITLE		☐ DELETE		TITLE			Change	☐ Addition	
NAME !		·	5.2	NAME					

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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Addition

☐ Change