

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 # P97000024064**

1. Corporation Name  
**CELTIC CONSULTING, INC.**

Principal Place of Business

215 S MONROE ST  
SUITE 420B  
TALLAHASSEE FL 32301

Mailing Address

215 S MONROE ST  
SUITE 420B  
TALLAHASSEE FL 32301

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90075 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

59-3443225

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

21 204 S. Monroe, Suite 201

Suite, Apt. #, etc.

22 201

City & State

23 Tallahassee, FL

Zip

24 32301

Country

2a. Mailing Address

26 P. O. Box 10550

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32302

Country

30

9. Name and Address of Current Registered Agent

GALLAGHER, C. THOMAS III  
215 S MONROE ST  
SUITE 420B  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Laura L. Gallagher

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

204 S. Monroe, Suite 201

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

*Laura L. Gallagher*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/15/99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

PD  
NAME GALLAGHER, C. THOMAS III  
STREET ADDRESS 215 S MONROE ST, SUITE 420B  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

PD

Laura L. Gallagher

204 S. Monroe, Suite 201

Tallahassee, FL 32301

☐ Change ☐ Addition

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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:

*Laura L. Gallagher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/99

Date

850-224-2211

Daytime Phone #

CR2E034 (11/98)