

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  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90168 040 \*\*\*150.00

DOCUMENT # P97000027084

1. Corporation Name  
CONSULTANTS, INC.



Principal Place of Business  
1230 S MYRTLE AVENUE  
SUITE 301  
CLEARWATER FL 33756  
US

Mailing Address  
P.O. BOX 359  
CLEARWATER FL 33757-0359  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/25/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3445433	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SAVOIE, RUTH				8. This corporation owes the current year intangible	
1230 S. MYRTLE AVE				Personal Property Tax.	
SUITE 301				84 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CLEARWATER FL 33756				85 Zip Code	
				33756	
				10. Name and Address of New Registered Agent	
				81 Name	
				THOMPSON, R.M., JR.	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				1230 S. Myrtle Avenue	
				83 Suite 301	
				84 City	
				Clearwater	
				FL	
				85 Zip Code	
				33756	

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 R.M. Thompson, Jr. DATE 4/23/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	PDT
NAME	SAVOIE, RUTH	1.2 NAME	THOMPSON, R.M., Jr.
STREET ADDRESS	1230 S. MYRTLE AVE., STE. 301	1.3 STREET ADDRESS	1230 S. Myrtle Ave., Ste. 301
CITY-ST-ZIP	CLEARWATER FL 33756	1.4 CITY-ST-ZIP	Clearwater, FL 33756
TITLE	VS	2.1 TITLE	VS
NAME	FLINT, JOHN N	2.2 NAME	SAVOIE, TEMPI
STREET ADDRESS	1230 S. MYRTLE AVE STE 301	2.3 STREET ADDRESS	1230 S. Myrtle Ave., Ste. 301
CITY-ST-ZIP	CLEARWATER FL 33756	2.4 CITY-ST-ZIP	Clearwater, FL 33756
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.M. Thompson, Jr. DATE 4/23/99 (727) 446-5937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0426503