PROFIT CORPORATION ANNUAL REPORT

1999



LORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90248 040 ***150.00

DOCUMENT # P9700040601

1. Corporation Name

J. T. TROTMAN CONSULTING, INC.

Principal Place	of Business	Mailing Address		T 16811001 HO 16111 100H SOUTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO
C/O JOHN TROTMAN III C/O JOHN TROTMAN III 4425 W TRADEWINDS AVENUE 4425 W TRADEWINDS AVENU LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
				05/06/1997
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
	5NW 5ZND ST	Suite, Apt. #, etc.		65-0747365 Not Applicable \$8.75 Additional
				5. Certificate of Status Desired Fee Required
22			6. Election Campaign Financing \$5.00 May Be	
23 COMAL S/RINGS 28			<u>.</u>	Trust Fund Contribution Added to Fees
Zip Country Zip 24 33076 25 5 A 29			Country	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
C/O 4425	TMAN, JOHN III JOHN TROTMAN III I W TRADEWINDS AVENUE DERDALE BY THE SEA FL 33308		82 Street Add 9945	OHN TROTMAN III dress (P.O. Box Number is Not Acceptable) N.W. 52ND ST. RAL SPLINGS FL 85 Zip Code 33076
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) DATE				
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE	♣ → Change → Addition
NAME .	TROTMAN, JOHN III		1.2 NAME	TROTHAN, JOHN III
STREET ADORESS	4425 W TRADEWINDS AVE		1.3 STREET ADDRESS	9945 NW 52ND ST
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL		1.4 CITY-ST-ZIP	CORR SALINGS FL 33076
TITLE	D	☐ DELETE	2.1 TITLE	عندا . ۴ ° –
NAME	TROTMAN, JULIE		2.2 NAME	TROTMAN, JULIE 1945 NW 52ND ST
STREET ADDRESS		02200	2.3 STREET ADDRESS	COLAL SPRINGS FL 33076
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	·
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u></u>
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	• .		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		}	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	•
CITY-ST-ZIP		Decem	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAME	☐ Griange ☐ Addition
NAME			6.2 NAME 6.3 STREET ADDRESS	
STREET ADDRESS		•	0.3 STREET ADDRESS	*•

flied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information entental annual report is that and accurate and that my signature shall have the same legal effect as if made under oath; that I am an receiver or true for empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered. 14. I hereby certify that the information sup-indicated on this annual report of upple officer or director of the corporation or the Block 12 or Block 13 if changed, or an

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP