5.18-98 B 7532 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000044246 (1) DOCUMENT #

1. Corporation Name

ANCHOR CAPITAL CONSULTANTS, INC.

Principal Place of Business

226 WATER STREET SUITE 1808

Mailing Address

225 WATER OTREET-BUITE 1800

FILED May 18 1998 8:00am Secretary of State



JACKSONVILLE FL 02202 JACKOONVILLE FL 32202 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/19/1997 2. Principal Place of Business 4, FEI Number Applied For 624 9424 BAMMEADOWS RD 59-3452692 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 130 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes **№** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent REICHARD, SANDRA D 235 WATER STREET SUITE 1800 9424 BAYMGADOS KN 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 SUITE 130 83 JACKSONVILLE. 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, Typed or positive name of registered agent and tith, it applies able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change TITLE 1.1 TITLE DOUGLAS D. CHUNN
9424 BLYMEADOWS RD., #130
9424 BLYMEADOWS RD., #130
11 Change M Addition 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-\$1-7IP CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 change or on an attachment with an address