

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053380 (6)**

1. Corporation Name

DAMRON CONSULTANTS, INC.



Principal Place of Business 4689 SILVERA DR. ORLANDO FL 32839	Mailing Address 4689 SILVERA DR. ORLANDO FL 32839
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1997	
4. FEI Number 59-3467853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1801 Karolina Ave Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. 560668 Suite, Apt. #, etc.
22 City & State 23 Winter Park, FL Zip Country 24 32789 25 USA	27 City & State 28 Orlando, FL Zip Country 29 32856 30 USA

9. Name and Address of Current Registered Agent HEFFERAN, JOHN R JR. 112 N. SUMMERLIN AVE. ORLANDO FL 32801		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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 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		1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMRON, JAYMI S	1.2 NAME	Jaymi Damron
STREET ADDRESS	4689 SILVERA DR.	1.3 STREET ADDRESS	1801 Karolina Ave
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMRON, DEBRA	2.2 NAME	
STREET ADDRESS	33279 PENNSYLVANIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL 33523	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dick Damron
STREET ADDRESS		3.3 STREET ADDRESS	4689 Silvers Dr
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jim Damron
STREET ADDRESS		4.3 STREET ADDRESS	820 Laurelcrest
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Barbara Damron
STREET ADDRESS		5.3 STREET ADDRESS	4689 Silvers Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *Jaymi S. Damron* **Jaymi S. Damron** 3/4/98 407 144-4591

CR2E034 (10/97)