## 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

DOCUMENT # P97000058112 (8)

FORD CONSULTING, INC.

Principal Place of Business

Mailing Address

## FILED Apr 30 1998 8:00am Secretary of State



B SEVILLA STREET 8 SEVILLA STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1997 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For 59-345/802 72 SAKAGASSA TU SALKOSSA Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ST AUCUSTINE AUCUSTIN Trust Fund Contribution Added to Fees Country Ζip Country  $Z_{1D}$ This corporation owes or has paid the current year Intangible 30 5% Janus 25 95 JOHNS 29 32084 ΠNo Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FORD, JOSEPH D **8 SEVILLA STREET** 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 City 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, 1 am familiar with and accept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** sternd Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1,1 TITLE Residen \$05.c.p.11 NAME 1.2 NAME 72 SARA COSSA STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP er Aucustine DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TREASURER Addition TITLE 3.1 TITLE Change TRENE TAYLOR- FORD 3.2 NAME MAME IN SARALOSSA ST STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 51 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 of an attachment with an address.

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