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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000067076 (4)

TAMPA BAY GOVERNMENTAL CONSULTANTS, INC.

FILED Aug 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7426 SHELLDRAKE 7426 SHELLDRAKE **NEW PORT RICHEY FL 34854 NEW PORT RICHEY FL 34854** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59 - 3517490 5709 Tidalwave DR 5709 Tidalwave DR Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Pasco PASCO Yes νÑο Personal Property Tax due June 30. . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREY, FRANK I 7426 SHELLDRAKE **NEW PORT RICHEY FL 34654** 83 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 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 language in the appointment as registered state. 84 Zip Code (NOTE: Registered Agent signature required when reinstating) d title if applicable (10/97)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF ICERS A DIRECTORS 13. DELETE Change TITLE 1.1 TITLE H. Clyde GREY, FRANK I NAME 1.2 NAME 7426 SHELLDRAKE STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34654** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C+TY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP C(1Y-S1-ZIP DELETE Addition Change 6 1 1 ITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP CHY-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 of 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 charges of the corporation of the corpo