

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000076449 (2)**
1. Corporation Name

H & S CONSULTING CORP.

FILED
Aug 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**961 BERKLEY CT. 862 Cypress Lakes Blvd
PALM HARBOR FL 34684 Tarpon Springs FL 34689**

Mailing Address
**961 BERKLEY CT. c/o Perzel & Lara
PALM HARBOR FL 34684 3711 Tampa Rd #103
Oldsmar FL 34677**

2. Principal Place of Business

21 Suite, Apt. #, etc.
862 Cypress Lakes Blvd.

22 City & State
Tarpon Springs FL

23 Zip
34689

24 Country
U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.
**c/o Perzel & Lara
3711 Tampa Rd #103**

27 City & State
Oldsmar FL 34677

28 Zip
34677

29 Country
U.S.A.

3. Date incorporated or Qualified

09/02/1997

4. FEI Number

59-3466065

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FRANCIS, ELIZABETH
STE. 2700, 101 E. KENNEDY BLVD.
TAMPA FL 33602-5150**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **SEAN CONNORS VP.** and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

SEAN CONNORS VP.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CONNORS, SEAN**
STREET ADDRESS **961 BERKLEY CT.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ DELETE
NAME **RODRIGUEZ, HENRY**
STREET ADDRESS **961 BERKLEY CT.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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

SEAN CONNORS VP.

8/5/98.

CR2E034 (5/98)