

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

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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90220 045 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000077405

1. Corporation Name

PROFESSIONAL COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business

240 N. WASHINGTON BLVD., STE. 700  
SARASOTA FL 34236

Mailing Address

240 N. WASHINGTON BLVD., STE. 700  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

65-0794081

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 201 FLETCHER AVENUE

Suite, Apt. #, etc.

22 (none)

City & State

23 SARASOTA, FL

Zip

Country

24 34237-6019 25 USA

2a. Mailing Address

26 201 FLETCHER AVENUE

Suite, Apt. #, etc.

27 (none)

City & State

28 SARASOTA, FL

Zip

Country

29 34237-6019 30 USA

9. Name and Address of Current Registered Agent

DU TREIL, LOUIS R SR  
240 N. WASHINGTON BLVD., STE. 700  
SARASOTA FL 34236

81 Name

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

201 FLETCHER AVENUE

83

84 City  
SARASOTA

FL

85 Zip Code

34237-6019

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

TITLE ☐ DELETE

NAME  
DU TREIL, SR LOUIS R  
STREET ADDRESS  
8937 GREY OAKS AVENUE  
CITY-STATE-ZIP  
SARASOTA FL 34238

TITLE ☐ DELETE

NAME  
LUNDIN, JOHN A  
STREET ADDRESS  
4604 4TH AVENUE NE  
CITY-STATE-ZIP  
BRADENTON FL 34208

TITLE ☐ DELETE

NAME  
RACKLEY, RONALD D  
STREET ADDRESS  
6521 WOOD POND DR  
CITY-STATE-ZIP  
BRADENTON FL 34202

TITLE ☐ DELETE

NAME  
DICKMANN, DAVID E  
STREET ADDRESS  
3291 49TH STREET  
CITY-STATE-ZIP  
SARASOTA FL 34235

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941/329-6000

CR2E034 (11/98)