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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000082466 (8)

1. Corporation Name

GODSPELL CONSULTING, INC.



Principal Place of Business

Mailing Address

970 CHARLOTTE STREET
LONGWOOD FL 32750-6373

970 CHARLOTTE STREET
LONGWOOD FL 32750-6373

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

59-3366095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 29 FAIRWAY LANE
Suite, Apt. #, etc.

26 29 FAIRWAY LANE
Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE BEACH, FL

24 Zip

32250

25 Country

USA

27 City & State

28 JACKSONVILLE BEACH, FL

29 Zip

32250

30 Country

USA

9. Name and Address of Current Registered Agent

SINGLETON, DARRELL
970 CHARLOTTE STREET
LONGWOOD FL 32750-6373

10. Name and Address of New Registered Agent

81 Name

SINGLETON, DARRELL

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

29 FAIRWAY LANE

83

84 City

JACKSONVILLE BEACH FL

85 Zip Code

32250

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 PCD
NAME SINGLETON, DARRELL G
STREET ADDRESS 970 CHARLOTTE STREET
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME SINGLETON, DARRELL G
13 STREET ADDRESS 29 FAIRWAY LANE
14 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ 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.

CR2E034 (10/97)