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PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000082924

B.M.A. CONSULTING SERVICES, INC.

Principal Place of Business Mailing Address

600 SE 56TH AVENUE

OCALA FL 34471

OCALA FL 34471

Mailing Address

600 SE 56TH AVENUE

OCALA FL 34471

FILED Apr 22, 1999 8:00 am Secretary of State

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Zip Country Zip Country Zip Country R. This corporation owes the current year Intangible Personal Property Tax. Yes Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name 10, Name and Address of New Registered Agent 10, Name	City & State City & State							
9. Name and Address of Current Registered Agent GODDINE TEL BI 7 EAST SILVER SPRINGS BLVD SUITE 500 OCALA FL 34470 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 regist of signal with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE GIBRONS, APRIL C STREET ADDRESS OCALA FL 34471 TITLE DPTS GIBBONS, APRIL C 12. WAWE 13. STREET ADDRESS OCALA FL 34471 DELETE 1.1 TITLE DPTS GIBBONS, APRIL C 1.2 STREET ADDRESS OCALA FL 34471 DELETE 2.1 TITLE DELETE 2.1 TITLE CHANGE CHANGES CONTACT CHANGE	Zip	_ '	Zip		У	1 		MNo
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its regist 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 register agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OCALA FL 34471 14. CITY-ST-ZIP OCALA FL 34471 DELETE 13. STREET ADDRESS CITY-ST-ZIP DELETE 21. TITLE DELETE 21. TITLE Change				8:			•	
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A Liberary codify 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 stated in Section 119 07(3)(ii).	On a direct	certify that the information supplied wit	h this filing does not qualify for	the exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further certify	that the i	ntormation
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 a 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	14. I hereby c							