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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000085957**1. Corporation Name

CHRIS CANTRELL CONSULTING INC.

							1111 1881 1881	
Principal Place of Business Mailing Address								
			IS CANTRELL CONSULTING INC					
1850 PARK AVENUE E-8		1850 PARK AVENUE E-8 TITUSVILLE FL 32780			DO NOT WRITE IN THIS SPACE			
TITUSVILLE FL 32780 TITUSVILLE US US			ILLE FL 32/00		3. Date Incorporated or Qualifed			
03		••			10/03/1997			
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apı	olied For	
—	lace of Business	26			59-3471291	No	t Applicable	Ŕ
Suite, Apt.	# etc	Suite, Apt. #, etc).		 	\$8.75 A		٠,
22	,, 5.5.	27			5. Certifcate of Status Desired	Fee Re	quired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Co	ountry	8. This corporation owes the current year	r Intangible		
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registe	red Agent		
				81 Name				
CANTRELL, CHRISTOPHER			82 S		ress (P.O. Box Number is Not Acceptable)			
1850 PARK AVE					70	12 27 2 A A A A A	1,24,44	
πυ	SVILLE FL 32780			83				
				84 City		85 Zip 0	Code	
				1.1.,		FL		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the	above-named corp	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its popintment as re	registered (
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change ations of, Section 607.050	was authorize 5, Florida Sta	atutes.	ons board of directors. Thorsely decept and a	,	"	
SIGNATURE	Signature, typed or printed name of registered age			ed Agent signature require	od when reinstating) / DAT		OC IN 12	(<u>6</u>
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICER	Change	Addition	=034 (11/98)
TITLE	P			TITLE	the second second	□ Ontarige) `\
NAME	CANTRELL, CHRISTOPHER KE			NAME				5
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CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-ST-ZIP		Change	Addition	٦
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NAME .			3.2	NAME				
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CITY-ST-ZIP					•			1
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NAMIC		☐ DEL	ETE 5.1 5.2	CITY-ST-ZIP TITLE RAME		☐ Change	Addition	
STREET ADDRESS		☐ DEL	5.1 5.2 5.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition	1
			5.1 5.2 5.3 5.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
STREET ADDRESS		□ DEL	5.1 5.2 5.3 5.4 ETE 6.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ 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 receive 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 all anadogments with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90019 027 ***150.00