## 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 # **P97000086680**1. Corporation Name

IHB CONSULTING, INC.

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90029 038 \*\*\*150.00



| Principal Place of Business Ma  |   |                             | failing Address                                |  |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | *************************************** |  |          |
|---|---|-----------------------------|--|--|--|---|---|---|--|----------|
| 105 BAY DR. NORTH   |   |                             | 105 BAY DR. NORTH                              |  |  |   |   |   |  |          |
| INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEAC   |   |                             | IN HARBOUR BEACH F                             | FL 32937   |  |   | DO NOT WRITE IN THIS SPACE  |   |  |          |
|   |   |                             |  |  |  |   | 3. Date Incorporated or Qualifed  |   |  | ļ        |
|   |   |                             |  |  |  |   | 10/06/1997  |   |  |          |
| 2. Principal Pl   | lace of Business  | 2a. N                       | Mailing Address                                |  |  |   | 4. FEI Number   | JA                                      | pplied For                             |          |
| 21  |   | 26                          | 26   |  |  |   | 59-3474075  | _ N                                     | ot Applicable                          |          |
| Suite, Apt.   | #, etc.   |                             | Suite, Apt. #, etc.                            |  |  |   | 5. Certificate of Status Desired  |   | Additional                             | -        |
| 22  |   | 27                          | 27   |  |  |   | 5. Certificate of Status Desired  | Fee R                                   | equired                                |          |
| City & State  |   |                             | City & State                                   |  |  |   | 6. Election Campaign Financing  |   | May Be                                 |          |
| 23  |   | 28                          |  |  |  |   | Trust Fund Contribution   | Added                                   | to Fees                                |          |
| Zip Country   |   |                             | Zip Country                                    |  |  |   | 8. This corporation owes the current year   |   | ioni.                                  | l        |
| 24 25   |   | 29                          |  |  |  | Personal Property Tax.  |   | ☐ Yes                                   | DI No                                  |          |
|   | 9. Name and Address of Currer   | nt Registe                  | red Agent                                      |  | 81   | Name  | 10. Name and Address of New Registere   | a Agent                                 |  | ł        |
| eco.  | TT, WALTER J III  |                             |  | ł  | 01   | матте   | _   |   |  |          |
|   | BAY DR. NORTH   |                             |  |  | 82   | Street Ad   | Idress (P.O. Box Number is Not Acceptable)  |   |  | ļ        |
|   | AN HARBOUR BEACH FL 32937   | 7                           |  |  | 83   |   |   |   |  | ł        |
| (ND)  | AR HANDOON DEACH IE 52907   | 1                           |  |  | 83   |   |   |   |  | ĺ        |
|   |   |                             |  |  | 84   | City  | F   | 85 Zip                                  | Code                                   | 1        |
|   | 007.000   |                             | 4600 51 14- 61 14-                             | - 44-0 -4  |  |   | •   | _                                       | s registered                           |          |
| office or re  | registered agent, or both, in the State   | of Florida                  | . Such change was au                           | ithorized  | i by t   | ine corpora   | orporation submits this statement for the purpose ation's board of directors. I hereby accept the app | ointment as r                           | egistered                              |          |
| peopt La  | m familiar with, and accept the obliga  | ations of S                 | action 607 0505 Flor                           |  |  |   |   |   |  |          |
| agent. i ai   | in partition with, and accopt the oblige  | adona or, c                 | ection 607.0505, 1101                          | ioa Statu  | utes.  |   |   |   |  |          |
| SIGNATURE   |   |                             |  |  |  |   | DATE  |   | <del></del>                            | _ ا      |
| SIGNATURE   | Signature, typed or printed name of registered age  | ent and title if a          | pplicable. (NOTE:                              | Registered   |  |   | uired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS.   | AND DIRECT                              | ORS IN 12                              | (80)     |
| SIGNATURE   | Signature, typed or printed name of registered age<br>OFFICERS AN   | ent and title if a          | pplicable. (NOTE:                              | Registered   | Agent  |   | uired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS  | AND DIRECT                              |  | 11/08)   |
| SIGNATURE  12.  TITLE   | Signature, typed or printed name of registered age OFFICERS AN  | ent and title if a          | pplicable. (NOTE:                              | Registered 13.   | Agent<br>ILE   |   |   |   |  | =        |
| SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registered age OFFICERS AND D SCOTT, WALTER J III   | ent and title if a          | pplicable. (NOTE:                              | 13. 1.1 TIT  | Agent<br>TLE<br>VME  | signature requ  |   |   |  | =        |
| SIGNATURE  12. TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registered age OFFICERS AN D SCOTT, WALTER J III 105 BAY DR. NORTH  | ent and title if a          | pplicable. (NOTE:                              | 13. 1.1 TIT 1.2 NA   | Agent<br>TLE<br>WIE  | signature requ  |   |   |  | 2E034 (4 |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered age OFFICERS AND D SCOTT, WALTER J III 105 BAY DR. NORTH INDIAN HARBOUR BEACH FL   | ent and title if a          | pplicable. (NOTE:                              | 13. 1.1 TIT 1.2 NA   | Agent TLE AME TREET  | signature requ  |   |   | ☐ Addition                             | E034 (4  |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered age OFFICERS AND D SCOTT, WALTER J III 105 BAY DR. NORTH INDIAN HARBOUR BEACH FL D   | ent and title if a          | pplicable. (NOTE:<br>TORS                      | 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT   | Agent TLE AME TY-ST  | signature requ  |   | Change                                  | ☐ Addition                             | 2E034 (4 |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Signature, typed or printed name of registered age OFFICERS AND D SCOTT, WALTER J III 105 BAY DR. NORTH INDIAN HARBOUR BEACH FL D SCOTT, JO ANN   | ent and title if a          | pplicable. (NOTE:<br>TORS                      | 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA  | Agent TLE AME TY-ST TLE AME  | ADDRESS   |   | Change                                  | ☐ Addition                             | 2E034 (4 |
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| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered age OFFICERS AND D SCOTT, WALTER J III 105 BAY DR. NORTH INDIAN HARBOUR BEACH FL D SCOTT, JO ANN   | ent and title if a ND DIREC | pplicable. (NOTE:<br>TORS                      | 13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA  | Agent TLE AME TY-ST TLE AME TREET,   | ADDRESS ADDRESS   |   | Change                                  | ☐ Addition                             | 2E034 (4 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  STREET ADDRESS  CITY-SI-ZIP  TITLE   | Signature, typed or printed name of registered age OFFICERS AN D SCOTT, WALTER J III 105 BAY DR. NORTH INDIAN HARBOUR BEACH FL D SCOTT, JO ANN 105 BAY DR. NORTH                          | ent and title if a ND DIREC | pplicable. (NOTE: TORS  DELETE                 | 13. 1.1 TIT 1.2 NA 13 ST 1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI  | Agent TLE AME TY-ST TLE AME TREET TTY-ST   | ADDRESS ADDRESS   |   | ☐ Change                                | Addition                               | 2E034 (4 |
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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)(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 withyan address, with all other like empowered.

SIGNATURE: