

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

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90002 047 ***550.00

DOCUMENT # P97000097792

1. Corporation Name

AMERICAN CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

7421 QUAIL MEADOW ROAD
PLANT CITY, FL. 33565

SAME AS
PLACE OF
BUSINESS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

59-3496671

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIMMY A. CROCKETT
4815 E. BUSCH BLVD. 2ND FLOOR
TAMPA, FL. 33617

81. Name

JEFF SPIKER

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

4721 QUAIL MEADOW ROAD

83.

84. City

PLANT CITY

FL

85. Zip Code

33565

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

X *Timmy A. Crockett*

813-966-2961

9-17-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☒ DELETE
NAME TIMMY A. CROCKETT
STREET ADDRESS 4815 E. BUSCH BLVD. 2ND FL.
CITY-ST-ZIP TAMPA, FL. 33617

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DIRECTOR, PRESIDENT ☐ Change ☒ Addition
1.2 NAME JEFF SPIKER
1.3 STREET ADDRESS 4721 QUAIL MEADOW ROAD
1.4 CITY-ST-ZIP PLANT CITY, FL. 33565

2.1 TITLE DIRECTOR, VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME LESLIE HSIAO
2.3 STREET ADDRESS 8731 TANTALLON CIRCLE
2.4 CITY-ST-ZIP TAMPA, FL. 33617

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 with an address, with all other like empowered.

SIGNATURE:

Leslie Hsiao LESLIE HSIAO

9-17-1999 813-242-6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)