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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104631 (1)

J.C. BERTRAND CONSULTANTS, INC.

5651 COUNTRY LAKES DR. 5651 COUNTRY LAKES OR. SARASOTA FL 34243 SARASOTA FL 34243 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/11/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0*79 92*73 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. X Yes ☐ No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BARTLETT, CHARLES J 2033 MAIN STREET, STE. 600 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 83 R4 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE ___ Addition TITLE 1.3 TITLE CHARLEBOIS-BERTRAND, JACQUELINE 1.2 NAME NAME 5651 COUNTRY LAKES DR. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE NAME 5.2 NAME

14. Thereby 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 eath; 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 granged, or on an attachment with any address.

SIGNATURE: Vacal

STREET ADDRESS

STREET ADORESS

CITY - ST - ZIF

CITY-ST-ZIP

TIFLE

NAME

trand

5.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

4/10/98 (941)355-2379

Change

■ Addition

FILED

Apr 16 1998 8:00am

Secretary of State