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Apr 29, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104819

1. Corporation Name

ACROPOLIS CONSULTING SERVICES, INC.

Principal Place of Business

12179 S. APOPKA VINELAND
611
ORLANDO FL 32836
US

Mailing Address

12179 S. APOPKA VINELAND
611
ORLANDO FL 32836
US

2. Principal Place of Business

21 12179 S. APOPKA VINELAND

Suite, Apt. #, etc.

22 555

City & State

23 ORLANDO FL

Zip

24 32836

Country

25 USA

2a. Mailing Address

26 12179 S. APOPKA VINELAND

Suite, Apt. #, etc.

27 SUITE 555

City & State

28 ORLANDO FL

Zip

29 32836

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, MICHAEL
256 BATTLEGROVE DRIVE
DAVENPORT FL 33837

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

59-3489856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes No

10. Name and Address of New Registered Agent

81 Name

82 WILLIAMS, MICHAEL

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

12179 S. APOPKA VINELAND

84 SUITE 555

City

ORLANDO

FL

85 Zip Code

32836

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: Michael J. Williams
Signature, typed or printed name of registered agent, and title if applicable.

Michael J. Williams

PRESIDENT

4/20/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WILLIAMS, MICHAEL J
STREET ADDRESS 256 BATTLEGROVE DRIVE
CITY-STATE-ZIP DAVENPORT FL 33837

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 12179 S. APOPKA VINELAND, ST 555
1.4 CITY-STATE-ZIP ORLANDO FL 32836

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Michael J. Williams MICHAEL J. WILLIAMS 4/20/99 991-420-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)