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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105688 (0)

AMBERJACK CONSULTING, INC.

May 08 1998 8:00am Secretary of State

FILED

| Principal Place of Business | | | Ma | Mailing Address | | | | |
|--------------------------------|-------------------------------------|-------------------------------|---------------------|----------------------------|-----------------|----------|--|---|
| " 2222 BEACON LANE | | | 22 | 2222 BEACON LANE | | | | |
| NAPLES FL 34103 | | | NAPLES FL 34103 | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | 3. Date Incorporated or Qualified |
| • | | | | | | | | 12/10/1997 |
| 2. Principal Place of Business | | | | 2a, Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | | 65-0809 411 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | SQ 75 Additional |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | 28 | | | | | Trust Fund Contribution Added to Fees |
| Žip | Country Zip | | Zip | Country | | | 8. This corporation owes or has pald the current year Intaggible | |
| 24 | 2 | 5 | 29 | | 30 | | | Personal Property Tax due June 30. Yes No |
| | 9, Name a | nd Address of Curre | nt Registe | ered Agent | | Ι | | 10. Name and Address of New Registered Agent |
| · W | ALLACE, JOH | IANNE S | | | | 81 | Name | ve |
| | 222 BEACON | | | | | 82 | Stree | et Address (P.O. Box Number is Not Acceptable) |
| | | | | · · | | | Çilde | Acceptable (1.0. Dox Hollings) |
| <u>#</u> N | | | | | | 83 | | |
| 1: | | | | | | | | |
| life and the second | | | | | | 84 | City | FI 85 Zip Code |
| 11. Pursuant | to the provisio | ns of Sections 607.05 | 02 and 60 | 7.1508, Florida S t | atutes, the | above | -name | ed corporation submits this statement for the purpose of changing its registered |
| office or | registered ago: am femiliar with | nt, or both, in the State | e of Florida | a. Such change w | as authorize | ed by | the co | ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered |
| *.46 | | , and accept the oblig | gatienis Oi, | 0000001001.0000 | , i londa ou | 210100 | • | |
| SIGNATURE | Signature, typed or | printed name of registered ag | ent and title if | applicable. | (NOTE: Register | ed Age | nt signatu | ure required when reinstating) DATE |
| 12. | | OFFICERS AN | ID DIRECT | | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | | | | DELETE | 1.1 | TITLE | | Change Addition |
| NAME | | | | | 1.21 | NAME | | |
| STREET ADDRESS | | | | | 1.3 | STREET | ADDRESS | s |
| CITY-ST-ZIP | l | | | | 1.41 | CITY-S | T-ZIP | · |
| TITLE | | | | ☐ DELETE | 21 | ITLE | | P/S/D Change Addition |
| NAME | - | | | | 2.21 | VAME | | JOHANNE S WALLACE |
| STREET ADDRESS | 1 | | | | 23 | TREET | ADDRESS | 1 4 |
| CITY-ST-ZIP | | | | | 2.4 | CITY-S | T - ZIP | NAPLES FL 34103 |
| TITLE | | | | ☐ DELETE | 31 | ITLE | | V/1/D ☐ Change ☐ Addition |
| MAKE | | | | | 3.21 | AME | | ROBERT J WALLACE |
| STREET ADDRESS | | | | | 3.3 \$ | STREET | ADDRESS | 1222 BEACON LANG |
| CITY-ST-ZIP | | | | | 3.4. | CITY - S | T-ZIP | NAPLES FL 34103 |
| TITLE | 1 | | | ☐ DELETE | _ | TLE | | Change Addition |
| NAME | | | | | 4.2 | NAME | | |
| STREET ADDRESS | | | | | 4.3 5 | TREET | ADDRESS | |
| CITY-ST-ZIP | | | | | 4.40 | CITY-SI | T- ZIP | |
| TITLE | | | | ☐ DELETE | 5.11 | | | Change Addition |
| NAME | | | | | 5.21 | IAME | | |
| STREET ADDRESS | | | | | 5.3 9 | TREET | ADORESS | ; |
| CITY-ST-ZIP | | | | | | HY-SI | | · |
| TITLE | 1 | | | ☐ DELETE | 611 | | | Change Addition |
| NAME | | | | | 621 | IAME | | |
| STREET ADDRESS | 1 | | | | | | ADDRESS | ; |
| CHTY-ST-ZIP | 1 | | | | | ITY-SI | | [|
| WILL THE PARTY | | | *** () 1 50 | | 0.41 | | - Zir | 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

4. 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 suppliemental 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.

CICALATUDE.

4/30/08

941-434-0175