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 # P97000108018 (7)

BCD CONSULTING, INC.

FILED Apr 23 1998 8:00am Secretary of State

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Principal Place of Business Mailing Add			Iress			(((((((((((((((((((
2748 TREASE	URY CIRCLE EAST	2748 TREASURY CIRCLE EAST				
JACKSONVILLE FL 32246		JACKSONVILLE FL 32246				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						12/26/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
	3 TRUBSURY OF EACH					59-3479529 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Stat	0	City & State				6. Election Campaign Financing \$5.00 May Be
23 Trersenulé FL		28				Trust Fund Contribution
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible	
24 3 2 2	25 US A	29	30	_		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		Hegistered Agent	81 Name			
	ALLAHAN, CONNIE L					
	48 TREASURY CIRCLE EAST			62	Stree	et Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32246				B3		
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Stati	utes the	above	-name	ed corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State of	Florida Such change was ons of Section 607.0505. I	s authoriz Florida S	zed by tatutes	the co	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent.				nt signati	sture required when reinstating) DATE
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE		TITLE		PRESIDENT Change Addition
NAME				2 NAME		CONNIE L. CALLAHAN
STREET ADDRESS						and then sucy chicae and
City - St - ZiP		DELETE			T-ZIP	JACKSONDILLE FL 32246 Change Addition
TITLE			DELETE 2.1 TITLE			
NAME STREET ADDRESS					ADDRESS	· ·
1				4 CITY - S		35
CITY-S1-ZIP		DELETE)1 - ZII	Change Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3	3.3 STREET ADDRESS		ss
CITY - ST ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE				Change Addition
NAME			4.1	2 NAME		
STREET ADDRESS			4.3	3 STREET	ADDRESS	ss
CITY - ST - ZIP			4.4 CITY - ST - ZIP		T- 7IP	
TITLE		☐ DELETE	5.1	TITLE		Change Addition
NAME			5.2	2 NAME		
STREET ADDRESS			5.3	3 STREET	ADDRESS	SS
CITY S1 - ZIP				4 CHTY - S	T-7IP	
TITLE		☐ DELETE		1 TITLE		Change Addition
NAME				2 NAME		
STREET ADDRESS			63	3 STAEET	ADDRESS] 22

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 oath; that I am an officer or director of the copyoration 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 changing, or on agratiacy first with an address.

CICNATURE:

CONNIEL CALLAHANS

3/11/98 904/641-1954

CR2E034 (