

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90194 038 \*\*\*150.00

DOCUMENT # P98000006078

1. Corporation Name

DIVERSIFIED TECHNOLOGY CONSULTING GROUP, INC.

Principal Place of Business  
3205 RIDGELAND COURT  
TALLAHASSEE FL 32312

Mailing Address  
~~R.O. BOX 10790~~  
TALLAHASSEE FL 32302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

32308

30

US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1998

4. FFL Number

59-3495562

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

KENNEDY, DAVID  
3205 RIDGELAND COURT  
TALLAHASSEE FL 32312

81 Name

Mary Kennedy

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

3205 Ridgeland Ct

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

Mary Kennedy 4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME

Mary Kennedy

1.3 STREET ADDRESS

3205 Ridgeland Ct

1.4 CITY-ST-ZIP

Tallahassee, FL 32312

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME

Ralph D. Roberts

2.3 STREET ADDRESS

1350 E4 Mahan Dr. #135

2.4 CITY-ST-ZIP

Tallahassee, FL 32308

3.1 TITLE VD ☐ Change ☒ Addition

3.2 NAME

Stephen M. Revell

3.3 STREET ADDRESS

1350 E4 Mahan Dr. #135

3.4 CITY-ST-ZIP

Tallahassee, FL 32308

4.1 TITLE VD ☐ Change ☒ Addition

4.2 NAME

Brown, George W. III

4.3 STREET ADDRESS

1350 E4 Mahan Dr. #135

4.4 CITY-ST-ZIP

Tallahassee, FL 32308

5.1 TITLE VD ☐ Change ☒ Addition

5.2 NAME

Callaway, Paul

5.3 STREET ADDRESS

1350 E4 Mahan Dr. #135

5.4 CITY-ST-ZIP

Tallahassee, FL 32308

6.1 TITLE VD ☐ Change ☒ Addition

6.2 NAME

Hunter, Billy G

6.3 STREET ADDRESS

1350 E4 Mahan Dr. #135

6.4 CITY-ST-ZIP

Tallahassee, FL 32308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

850-841-3881

Daytime Phone #

CR2E034 (11/98)

0053498