

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
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90017 036 ***150.00

DOCUMENT # P98000014349

1. Corporation Name

MILT'S CONSULTING SERVICES, INC.



Principal Place of Business

Mailing Address

3927 DESOTO ROAD #
SARASOTA FL 34235

3927 DESOTO ROAD
SARASOTA FL 34235

1927 S. 14th St. #130
Amelia Island, Fl. 32034

1927 S. 14th St. # 30
Amelia Island, Fl.
32034

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

30

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

65-0834428

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAWFORD, JEANNETTE E
3927 DESOTO ROAD
SARASOTA FL 34235

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CRAWFORD, JEANNETTE E

STREET ADDRESS 3927 DESOTO ROAD

CITY-ST-ZIP SARASOTA FL 34235

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME Crawford, Jeannette E.
1.3 STREET ADDRESS 25 Secret Cove Court
1.4 CITY-ST-ZIP Fernandina Beach, Fl. 32034

TITLE D ☐ DELETE

NAME CRAWFORD, MILTON S

STREET ADDRESS 3927 DESOTO ROAD

CITY-ST-ZIP SARASOTA FL 34235

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Crawford, Milton S.
2.3 STREET ADDRESS 25 Secret Cove Court
2.4 CITY-ST-ZIP Fernandina Beach, Fl. 32034

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

9044914782

Date

Daytime Phone #

CR2E034 (11/98)

0483146