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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90030 031 ***150.00

DOCUMENT # P98000033040

PRIDGEN CONSULTING INC.

|--|

Principal Place	e of Business	Mailing Address			A LORGING NA LATES COLUMNICA			818() 82() 1881
102 111110011 0111		162 HARBOR DR.	RBOR DR.					
		TAVERNIER FL 33070	9		DO NOT WRI	TE IN THIS S	PACE	
					3. Date Incorporated or Qualifed	TE IN THIS C	T ACL	
					04/09/1998			
2 Principal P	lace of Business	2a. Mailing Address			4 EEI Number		Api	plied For
—	lace of Business	26			65-084743	0	<u> </u>	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22	,	27			5. Certifcate of Status Desired		Fee Re	quired
City & State	e	- City & State			- 6. Election Campaign Financing		\$5.00	May.Be.
23		28		_	Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation owes the curr		ngible	~
24	25	29 3	10		Personal Property Tax.			XNo
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered A	gent	
			81	Name				ì
	GEN, ELWOOD E JR.		82	Street Add	dress (P.O. Box Number is Not Accept	able)		
	HARBOR DR.							
IAVI	ERNIER FL 33070		83				•	
[84	City			85 Zip C	Code
	to the provisions of Sections 607.0502			'		<u> </u>		
office or r	registered agent or both in the State o	of Florida. Such change was aut	horized by	the corpora	tion's board of directors. I hereby acce	pt the appoin	tment as re	gistered
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Florid	oa Statutes	i.		DATE	· 	
agent. I a	im familiar with, and accept the obligation	and title if applicable. (NOTE: R	da Statutes	i.	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R) DIRECTORS DELETE	oa Statutes	i.	ired when reinstating)	DATE		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS