## 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

## DOCUMENT # P98000039841

ELK CONSULTANTS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90050 027 \*\*\*150.00



4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802		4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802		DO NOT WRITE IN THIS SPACE		
	•			3. Date Incorporated or Qualifed 05/04/1998		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	olied For
21 1267	1 158 M CT. NO.	26 12671 158 H	CT, NO.	65-0852026	,,,	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>	5. Certifcate of Status Desired	\$8.75 A	uired
City & State	ter, Florioa	City & State 28 JUPITER F	LORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
Zip 24 334°	Country 78 25 USA	Zip 29 33478 30	Country USA	This corporation owes the current year     Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  4435 OLD WINTER GARDEN ROAD  81 Name  EVZVIN L. KEEL - DIZECTOR  82 Street Address (P.O. Box Number is Not Acceptable)  ELK. COLUMN TONTO.						
· · · · · · · · · · · · · · · · · · ·				CONSULTANTS, INC.		
ORL	ANDO FL 32802	71 158 1 CT. NO				
			84 City	<u> </u>	85 Zip C	ode
		Z	Ju	PITER	<u>-L   33</u>	478
11. Pursually to the provisions of Section 607 2017 and 687 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, or both for 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 Standard, typed or printed name of registry ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	DIRECTOR	☐ DELETE	1.1 TITLE	SECRETART/TRUASUR	Change	Addition
NAME	ERVIH L. KEEL	_	1.2 NAME	BETTY J. KEEL		ļ
STREET ADDRESS	12671 155 CT. H	Or	1.3 STREET ADDRESS	12671 ISBCT. NO.		
CITY-ST-ZIP	JUPITER, PL. 3	3478	1.4 CITY-ST-ZIP	JUPITER PL. 33478		
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			}
STREET ADDRESS			2.3 STREET ADDRESS			]
CITY-ST-ZIP			2, 4 CITY-ST-ZIP			
TITLE "	***	- □ DELETE ~	3.1 TITLE	The second secon	Change	[] Addition
NAME			3.2 NAME ·			ļ
STREET ADDRESS			3.3 STREET ADDRESS			
C(TY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	<u></u>	Change	Addition
NAME		_	6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS			

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 exporation 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 shalped, or on in attachment with an address, with all other like empowered.

SIGNATURE

PRINCE REQUBRICATION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/19

561/743-7101

CR2E034 (1:1/98).