

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 01, 1999 8:00 am
Secretary of State

04-01-1999 90038 036 ***150.00

DOCUMENT # P98000046173

1. Corporation Name

DELPHI PERFORMANCE CONSULTING, INC.



Principal Place of Business
3837 S.W. 93RD TERRACE
GAINESVILLE FL 32608

Mailing Address
3837 S.W. 93RD TERRACE
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1998

4. FEI Number

59-3513694

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, STEPHEN K
3837 S.W. 93RD TERRACE
GAINESVILLE FL 32608

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

Stephen K. Rice Stephen K. Rice

3/29/99

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 RICE, KAREN COLLINS
STREET ADDRESS 3837 S.W. 93RD TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

1.1 TITLE PRESIDENT (P) ☒ Change ☐ Addition

1.2 NAME Rice, Karen Collins
1.3 STREET ADDRESS 3837 SW 93rd Terrace
1.4 CITY-ST-ZIP Gainesville FL 32608

TITLE D ☐ DELETE

NAME RICE, STEPHEN K
STREET ADDRESS 3837 S.W. 93RD TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

2.1 TITLE VICE PRESIDENT (V/T/S) ☒ Change ☐ Addition

2.2 NAME Rice, Stephen K.
2.3 STREET ADDRESS 3837 SW 93rd Terrace
2.4 CITY-ST-ZIP Gainesville FL 32608
Please note 3 times.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT (V) ☐ Change ☒ Addition

3.2 NAME Tansit, Christopher E.
3.3 STREET ADDRESS 9824 SW 34th Rd.
3.4 CITY-ST-ZIP Gainesville, FL 32608

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:

Stephen K. Rice Stephen K. Rice

3/29/99

352332615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0083202