

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90286 037 ***150.00

DOCUMENT # P98000047718

1. Corporation Name

GLOBAL CONSULTING LIMITED, INC.



Principal Place of Business

3998 HIDDEN ACRES CIRCLE
NORTH FORT MYERS FL 33903

Mailing Address

3998 HIDDEN ACRES CIRCLE
NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number

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

21 1294 THOMPSON ST
Suite, Apt. #, etc.

2a. Mailing Address

26 1294 THOMPSON ST
Suite, Apt. #, etc.

22 1294 THOMPSON ST
City & State

27 N. Ft. Myers FL
City & State

23 N. Ft. Myers FL
Zip Country

28 N. Ft. Myers FL
Zip Country

24 33903 25 USA

29 33903 30 USA

9. Name and Address of Current Registered Agent

DORSEY, ROBERT C
3998 HIDDEN ACRES CIRCLE
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name DORSEY, ROBERT C
82 Street Address (P.O. Box Number is Not Acceptable)
1294 THOMPSON ST
83
84 City N. Ft. Myers FL 85 Zip Code 33903

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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DORSEY, ROBERT C
STREET ADDRESS 3998 HIDDEN ACRES CIRCLE
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME DORSEY, ROBERT C
1.3 STREET ADDRESS 1294 THOMPSON ST
1.4 CITY-ST-ZIP N. Ft. Myers FL 33903

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

Date

Daytime Phone #

4/26/99 941-991-1311

CR2E034 (11/98)