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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000059376**

1. Corporation Name
D.E.MAY CONSULTING ASSOCIATES, INC.

Principal Place of Business
**42 PINE TRACK
OCALA FL 34483-0372
6585 SE 42nd COURT
OCALA, FL 34480**

Mailing Address
**PO BOX 830372
OCALA FL 34483-0372**

FILED

99 OCT 29 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6585 SE 42nd COURT

2a. Mailing Address
Suite, Apt. #, etc.

23. City & State
OCALA, FL

27. City & State

24. Zip
34480

25. Country
USA

28. Zip

30. Country

3. Date Incorporated or Qualified
07/06/1998

4. FEI Number
59-3520689

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. Yes No

8. Name and Address of Current Registered Agent

**MAY, DONALD E SR
42 PINE TRACK
OCALA FL 34472**

18. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10760 SW 62nd Ave Road
83
84 City **OCALA** FL 85 Zip Code **34476**

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 **Donald E. May Sr.**

DATE **8-10-99**

Signature, typed or printed name of registered agent and fee if applicable.

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** DELETE
NAME **DONALD E MAY JR**
STREET ADDRESS **6585 SE 42nd COURT**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **SECRETARY** DELETE
NAME **DONALD E MAY SR**
STREET ADDRESS **10760 S.W. 62nd Ave Rd.**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SECRETARY** Change Addition
1.2 NAME **DONALD E MAY SR.**
1.3 STREET ADDRESS **10760 62nd Ave Rd.**
1.4 CITY-ST-ZIP **SW OCALA, FL 34476**

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

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

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **Donald E May Sr.** DATE: **8-10-99**

352-854-0987

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Donald E May Sr. DATE: **8-26-99**

081792

CR2E034 (5-99)





October 26, 1999

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Florida Department of State
Attn: Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

On August 25, 1999 I received a notice of an incomplete annual report that was filed by myself on August 10, 1999.

On August 26, 1999 I mailed a correct/completed report (keeping a copy for our files) to this same address.

I am attaching a photocopy of the completed report and ask you to accept this as our filing, and waive any reinstatement fee, as the original has apparently been lost in the mail.

If I can be of further assistance please contact me at 352-854-0987 or by mail at 10760 SW 62nd Ave Road, Ocala, FL 34476.

Thanking you in advance for our assistance in clearing up this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Donald E. May, Sr.'.

Donald E. May, Sr.
Secretary
D.E. May Consulting Associates, Inc.