

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 # P98000063879

1. Corporation Name

CONSULTANTS RESOURCE GROUP, INC.

Principal Place of Business

7520 W WATERS AVE STE 16
TAMPA FL 33615

Mailing Address

7520 W WATERS AVE STE 16
TAMPA FL 33615

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90244 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

59-269-9028

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

9. Name and Address of Current Registered Agent

HICKS, EDWARD
7520 W WATERS AVE STE 16
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

Edward Hicks

82 Street Address (P.O. Box Number is Not Acceptable)

1511 West Windhorst Road

83

84 City

Brandon

FL

85 Zip Code

33510

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

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HICKS, EDWARD
STREET ADDRESS 7520 W WATERS AVE STE 16
CITY-ST-ZIP TAMPA FL 33615

TITLE D ☐ DELETE
NAME HICKS, LYNNE
STREET ADDRESS 7520 W WATERS AVE STE 16
CITY-ST-ZIP TAMPA FL 33615

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 PT ☒ Change ☐ Addition
1.2 NAME HICKS, EDWARD
1.3 STREET ADDRESS 1511 WEST WINDHORST ROAD
1.4 CITY-ST-ZIP BRANDON, FL 33510

2.1 TITLE VS ☒ Change ☐ Addition
2.2 NAME HICKS, LYNNE
2.3 STREET ADDRESS 1511 WEST WINDHORST ROAD
2.4 CITY-ST-ZIP BRANDON, FL 33510

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99

(813) 661-5901

CR2E034 (1/198)