

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90032 038 ***150.00

DOCUMENT # P98000066606

1. Corporation Name
CONDOR CONSULTANTS, INC.



Principal Place of Business
1100 AIRPORT BLVD., BLDG. C
PENSACOLA FL 32504

Mailing Address
1100 AIRPORT BLVD., BLDG. C
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/29/1998

4. FEI Number
59-3527089

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 5090 Leesway Terr.

26 P.O. Box 30035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola

28 Pensacola, FL

Zip

Zip

24 FL

25 32504

29 32503

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOHMS, PETER H
1100 AIRPORT BLVD., BLDG. C
PENSACOLA FL 32504

81 Name

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

5090 Leesway Terrace

83

84 City

Pensacola

FL

85 Zip Code
32504

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 Peter H. Dohms, Director

(NOTE: Registered agent signature required when reinstating)

April 22, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DOHMS, PETER H
STREET ADDRESS 5090 LEESWAY TERR.
CITY-ST-ZIP PENSACOLA FL 32504

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1999

Date

850-477-0454

Daytime Phone #

CR2E034 (11/98)