## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailine Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000069727

1. Corporation Name

KBH CONSULTING, INC.

Principal Place	e or business	Ivialiling Address	Mailing Address					
8123 RIVER COUNTRY DRIVE SPRING HILL FL 34607			8123 RIVER COUNTRY DRIVE Spring Hill Fl 34607			DO NOT WRITE IN THIS	2 SDACE	
							3 SPACE	
	f					3. Date Incorporated or Qualifed 08/06/1998		
	land of Business	2a. Mailing Address				4. FEI Number		oplied For
	lace of Business	<u> </u>	<del></del>			59-3531989		ot Applicable
21	¥ -t-		Suite, Apt. #, etc.			51-55511-1		Additional
Suite, Apt. #, etc.		— — · · · ·				5. Certifcate of Status Desired		equired
22 City & State			City & State			6. Election Campaign Financing		May Be
23		<u> </u>	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip				8. This corporation owes the current year In	tangible	
24 25 29			30			Personal Property Tax.	Yes	<b>⊠</b> No
24	9. Name and Address of Curr	11	10,71	Π		10. Name and Address of New Registered	Agent	
2. Hanto dila madicas a van del magnetico de					Name			
Husuliak, Barbara				- 00	C1	description (D.O. Day Niverton in Not Accordable)		
8123	RIVER COUNTRY DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SPR	ING HILL FL 34607			83				
				84	0.4		as 7in	Code
					′	FL	_	
office or r	to the provisions of Sections 607.0: egistered agent, or both, in the Stal m familiar with, and accept the obli	e of Florida. Such change	was authorized	ı by	tne corporat	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	r changing its intment as re	egistered
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable	(NOTE: Registered	Agen	nt signature requir	red when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PRESIDENT	☐ DELE	TE 1.1 TI	TLE			Change	☐ Addition
NAME	KENNETH HUSKLI	OK	12 N	ME				
STREET ADDRESS 8123 RIVER COUNTRY DR.			1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP	1  1  1  1  1  1  1  1  1  1  1  1  1			1.4 CITY-ST-ZIP				
TITLE	Signature = 0.47 □ DELETE 211		πE			Change	☐ Addition	
NAME	A AAAAAAA KIICIII IAK			ME				
STREET ADDRESS	STREET ADDRESS 8123 RIVER COUNTRY DR 238			REET	T ADDRESS			
CITY-ST-ZIP SPRING HILL, PC 34607			2.4 C	2. 4 CITY-ST-ZIP				
TITLE				3.1 TITLE			Change	☐ Addition
NAME			32 N/	ME				
STREET ADDRESS			3.3 ST	TREE?	TADDRESS			
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP			
TITLE			ETE. 4.1 TI	TLE			Change	Addition Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	T ADDRESS			
CITY-ST-ZIP				TY-S	T-ZIP			
TITLE		☐ DELE	5.1 TI	TLE			Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	REET	TADDRESS			
CITY-ST-ZIP					T-ZIP			
TITLE	,	☐ DELE	6.1 TI	TLE		·	Change	☐ Addition
NAME '	A 15 A 1		6.2 N	AME	1			

SIGNATURE:

STREET ADDRESS

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 026 \*\*\*150.00

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