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 # P98000079515 1. Corporation Name

KLH CONSULTING, INC.

Principal Place of Business

Mailing Address

23 AZALEA DRIVE KEY WEST FL 33040 23 AZALEA DRIVE KEY WEST FL 33040

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90051 009 ***150.00



	•						l D	O NOT WRITE IN	THIS	SPACE		
							3. Date incorporated	or Qualifed				
	•						09/11/1998					
-	lace of Business	2a.	Mailing Address				4. FEI Number 65-086	2860		\vdash	- ' '	ied For Applicable
Suite, Apt.	# atc	- 201	Suite, Apt. #, etc.							\$8.7	-	
22	, etc.	27	- :				5. Certifcate of Statu	s Desired		Fe	e Requ	uired
City & State		1	City & State				6. Election Campaign	Financino	•	\$5.	00 M	lav Re
23	· .	28	•				Trust Fund Contrib	-			led to	,
Zip	Country	1201	Zip Country				8. This corporation o		ear Inta	naible		
24	25	·	30	•		Personal Property			Yes		₹No	
	9. Name and Address of Current	29 Regis		•• 1			-10. Name and Addre		tered A	gent		
	· · ·				81	Name						
HIGH	ismith, robert e			L			····					
1315 WHITEHEAD STREET			82 Street Add			Street Addres	ss (P.O. Box Number is	Not Acceptable)				
KEY WEST FL 33040			. 83									
, L	1120112 00040			.	63							
•	•			1	84	City			FL	85	Zip Co	ode
11 Dummant	to the provisions of Sections 607.0502	and 6	07 1509 Florida Statute	e the ah	0.00	-named como	ration submits this state	ment for the num		L_l_ hangin	a its re	eaistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	ia. Such change was au	thorized	by 1	the corporation	's board of directors. I h	nereby accept the	appoint	ment a	is regi	stered
SIGNATURE		h atal	WOTE.	D	•	1 signature required v	when rejectation	<u> </u>	ATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	Ayen	i signature required v	ADDITIONS/CHAN	W- V-		DIRE	CTOR	S IN 12
TITLE	D OFFICERS AND	DINE	DELETE	1.1 1111			ADDITIONOLOGIA	020 10 011102		["] Cha		Addition
	HIGHSMITH, KERRY L			1.2 NA							•	_
NAME												
STREET ADDRESS	23 AZALEA DRIVE					ADDRESS						
CITY-ST-ZIP	KEY WEST FL 33040		☐ DELETE	1.4 CIT		r-ZiP				☐ Cha	nne	Addition
TITLE	D		☐ OECE IE	2.1 TITI							go	
NAME	SANDRA, SANDRA J			2.2 NA								
STREET ADDRESS	23 AZALEA DRIVE	•		2.3 STF	REET	ADDRESS						
CITY-ST-ZIP FT	KEY WEST-FL-33040	•-				T-ZIP ~		د مادیمیونمینات ب ه				Addison
TITLE	•		☐ DELETE	3.1 TITI	LE		•			☐ Cha	nge	Addition
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 STF	REET	ADDRESS						
CITY-ST-ZIP				3.4. CIT	TY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TITI	LE	.				☐ Cha	nge	☐ Addition
NAME				4. 2 NA	ME							
STREET ADDRESS	,			4.3 STF	REET	ADDRESS						
CITY-ST-ZIP	<u> </u>		·	4.4 CIT	Y-ST	r-ZIP						
TITLE			☐ DELETE	5.1 TITI	LE		-			☐ Cha	nge	☐ Addition
NAME				5.2 NA	ME		,					
STREET ADDRESS				5.3 STF	REET	ADDRESS						
CITY-ST-ZIP				5.4 CfT	Y-ST	r-ZIP						
TITLE			☐ DELETE	6.1 TITI	LË					☐ Cha	nge	Addition
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 STF	REET	ADDRESS						
SIREE HOURESS												

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: