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03-04-1999 90178 015 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000093310

1. Corporation Name
LEVY CONSULTING, INC.



Principal Place of Business 20 CAPTAIN'S COVE RD INGLIS FL 34449	Mailing Address 20 CAPTAIN'S COVE RD INGLIS FL 34449
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1998	
21		26	P.O. Box 579	4. FEI Number 59-3542514	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	INGLIS, Florida		
Zip	Country	Zip	Country		
24		29	34449	30	US

9. Name and Address of Current Registered Agent

NELSON, JOHN A
2218 HWY 44 WEST
INVERNESS FL 34453

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/T/D
NAME	POOLE, IRENE C	1.2 NAME	Poole, Irene S.
STREET ADDRESS	PO BOX 579 N/A	1.3 STREET ADDRESS	20 Captains Cove Rd
CITY-ST-ZIP	INGLIS FL 34449	1.4 CITY-ST-ZIP	Inglis, FL 34449
TITLE		2.1 TITLE	V/D
NAME		2.2 NAME	Poole, James Arthur
STREET ADDRESS		2.3 STREET ADDRESS	3109 Marywood Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Durham, NC 27712
TITLE		3.1 TITLE	S/D
NAME		3.2 NAME	Benton, Amanda Kay
STREET ADDRESS		3.3 STREET ADDRESS	5755 Trout Creek Pass Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Colorado Springs, CO 80917
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Irene S. Poole Irene S. Poole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 17 1999 352-447-3861

Date

Daytime Phone #

CR2E034 (11/98)