

DOCUMENT # 1098000098019
1. Entity Name
Huddleston Consulting Services, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 29 AM 9:42

Principal Place of Business Mailing Address
369 CE 476 P.O. Box 1493
Bushnell, FL Bushnell, FL 33513

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country USA Zip Country USA

4. FEI Number 59-3548252 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Darla W. Huddleston
PO Box 1493 369 CE 476
Bushnell, FL 33513

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
President Darla W Huddleston
369 CE 476 Bushnell, FL 33513
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
Vice Pres Bill W. Huddleston
369 CE 476 Bushnell, FL 33513
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
500003328575--5
-07/13/00--01105--014
****300.00 ****300.00
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darla W. Huddleston 6-20-00 352 293-3576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)