

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90229 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000105075**

1. Corporation Name

**D.K.M. CONSULTING INC.**

Principal Place of Business

Mailing Address

2555 SE DIXIE HWY, STE 111  
STUART FL 349962555 SE DIXIE HWY, STE 111  
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number

16-0885673

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City &amp; State

27

City &amp; State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, DONALD A**  
**2555 SE DIXIE HWY, STE 111**  
**STUART FL 34996**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME **SCOTT, DONALD A**

1.2 NAME

STREET ADDRESS **2555 SE DIXIE HWY, STE 111**

1.3 STREET ADDRESS

CITY-ST-ZIP **STUART FL 34996**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE2.1 TITLE ☐ Change ☐ AdditionNAME **SCOTT, KEVIN R**

2.2 NAME

STREET ADDRESS **2555 SE DIXIE HWY, STE 111**

2.3 STREET ADDRESS

CITY-ST-ZIP **STUART FL 34996**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE3.1 TITLE ☐ Change ☐ AdditionNAME **SCOTT, MICHAEL A**

3.2 NAME

STREET ADDRESS **2555 SE DIXIE HWY, STE 111**

3.3 STREET ADDRESS

CITY-ST-ZIP **STUART FL 34996**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE7.1 TITLE ☐ Change ☐ Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-ST-ZIP

7.4 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

Date 2-5-99

Daytime Phone 561 781 0026

CR2034 (1/98)