

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S57027** (2)

1. Corporation Name  
**GARY CONSULTING, INC.**



Principal Place of Business: **232 NAUTILUS WAY TREASURE ISLAND FL 33706**  
Mailing Address: **232 NAUTILUS WAY TREASURE ISLAND FL 33706**

3. Date incorporated or Qualified: **06/04/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3075213**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 6844 Date Palm Ave**  
Suite, Apt. #, etc.: **22 Suite # 3**  
City & State: **23 ST Petersburg, FL**  
Zip: **24 33707** Country: **25 USA**  
2a. Mailing Address: **26 P.O. Box 47367**  
Suite, Apt. #, etc.: **27**  
City & State: **28 ST Petersburg, FL**  
Zip: **29 33743-7367** Country: **30 USA**

9. Name and Address of Current Registered Agent: **GARY, MONTY R. 232 NAUTILUS WAY TREASURE ISLAND FL 33706**  
10. Name and Address of New Registered Agent: **81 Name: GARY, MONTY R. 82 Street Address (P.O. Box Number is Not Acceptable): 6844 Date Palm Ave Ste 3 83 ST Petersburg, FL 33707 84 City: ST Petersburg FL 85 Zip Code: 33707**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>GARY, MONTY</b>	1.1 TITLE: <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GARY, MONTY</b>	<b>232 NAUTILUS WAY</b>	1.2 NAME: <b>SAME</b>	
STREET ADDRESS: <b>232 NAUTILUS WAY</b>	<b>TREASURE ISLAND FL</b>	1.3 STREET ADDRESS: <b>6844 Date Palm Ave, Suite 3</b>	
CITY-ST-ZIP: <b>TREASURE ISLAND FL</b>		1.4 CITY-ST-ZIP: <b>ST Petersburg, FL 33707</b>	
TITLE: <b>D</b>	<b>GARY, TERRI</b>	2.1 TITLE: <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GARY, TERRI</b>	<b>232 NAUTILUS WAY</b>	2.2 NAME: <b>SAME</b>	
STREET ADDRESS: <b>232 NAUTILUS WAY</b>	<b>TREASURE ISLAND FL</b>	2.3 STREET ADDRESS: <b>2352 50th St N</b>	
CITY-ST-ZIP: <b>TREASURE ISLAND FL</b>		2.4 CITY-ST-ZIP: <b>ST Petersburg, FL 33710</b>	
TITLE: <b>D</b>	<b>MCCARTHY, GREG V.</b>	3.1 TITLE: <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>MCCARTHY, GREG V.</b>	<b>4950 GULF BLVD APT 904</b>	3.2 NAME: <b>Russell S. Gary</b>	
STREET ADDRESS: <b>4950 GULF BLVD APT 904</b>	<b>ST PETERSBURG FL</b>	3.3 STREET ADDRESS: <b>318 White Oak St</b>	
CITY-ST-ZIP: <b>ST PETERSBURG FL</b>		3.4 CITY-ST-ZIP: <b>Thomson, Ga 30824</b>	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: *Monty R. Gary* DATE: **4/16/96** (813) 216 333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)