


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S57027 (2)
1. Corporation Name
GARY CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6844 DATE PALM AVENUE SUITE 3 ST. PETERSBURG FL 33707 US	Mailing Address P.O. BOX 47367 ST. PETERSBURG FL 33743-7367 US
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3. Date Incorporated or Qualified 06/04/1991	4. FEI Number 59-3075213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 4812 Cobia Dr. SE Suite, Apt. #, etc. 22 Apt. C City & State 23 St Petersburg Zip 24 33705	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 US	30
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9. Name and Address of Current Registered Agent
**GARY, MONTY R.
6844 DATE PALM AVENUE
SUITE 3
ST. PETERSBURG FL 33207**

10. Name and Address of New Registered Agent
81 Name **GARY, MONTY R.**
82 Street Address (P.O. Box Number is Not Acceptable)
4812 COBIA DR. SE
83 **Apt C**
84 City **St. Petersburg** FL 85 Zip Code **33705**

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 *Monty R. Gary* **Monty R. GARY** DATE **4/25/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARY, MONTY		1.2 NAME GARY, MONTY	
STREET ADDRESS 6844 DATE PALM AVENUE SUITE 3		1.3 STREET ADDRESS 4812-C Cobia Dr SE	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP ST Petersburg FL 33705	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARY, TERRI		2.2 NAME	
STREET ADDRESS 2352 50TH STREET NORTH		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARY, RUSSELL		3.2 NAME	
STREET ADDRESS 318 WHITE OAK STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP THOMASON GA		3.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Monty R. Gary* **Monty R. Gary** DATE **4/25/98** 813-221-6379

CR2E034 (10/97)