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 # **V17601** **(8)**

1. Corporation Name
CORPORATE CONSULTING GROUP, INC.

Principal Place of Business
11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716
US

Mailing Address
11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716
US

3. Date Incorporated or Qualified: **02/25/1992**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-3094375** ☐ Applied For ☐ Not Applicable
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

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

THORN, W. THOMPSON III
101 EAST KENNEDY BLVD., SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 607.0505 and 607.1005, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DANIEL M		1 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		1 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		1 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	SNELL, DAVID C		2 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		2 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		2 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DEBRA A		3 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		3 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM T		4 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		4 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	THORN, W. THOMPSON III		5 NAME	
STREET ADDRESS	101 E. KENNEDY BLOVD., #2500		5 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, and any attachments hereto, is true and accurate, for the corporation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental amendment 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 added by this amendment with an address.

SIGNATURE: William T Freeman WILLIAM T. FREEMAN 4-12-96 (813) 576-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TREASURER — Date — Phone

CR2E034 (12/95)