

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90044 037 ***150.00

DOCUMENT # V17601

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PDC	<input checked="" type="checkbox"/> DELETE
NAME	DOYLE, DANIEL M	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SNELL, DAVID C	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, DEBRA A	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SUJIK, PAUL K	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	THORN, W. THOMPSON III	
STREET ADDRESS	101 E. KENNEDY BLOVD., #2500	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BERG, DAVID P	
STREET ADDRESS	11201 DANKA CIRCLE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33716	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Larry K. Switzer	
1.3 STREET ADDRESS	11201 Danka Circle N.	
1.4 CITY-ST-ZIP	St. Petersburg FL 33716	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brian L. Merriman	
2.3 STREET ADDRESS	11201 Danka Circle N.	
2.4 CITY-ST-ZIP	St. Petersburg FL 33716	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	F. Mark Wolfinger	
3.3 STREET ADDRESS	11201 Danka Circle N.	
3.4 CITY-ST-ZIP	St. Petersburg FL 33716	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michel Ambland	
4.3 STREET ADDRESS	11201 Danka Circle N.	
4.4 CITY-ST-ZIP	St. Petersburg FL 33716	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	L. Jean Berry	
5.3 STREET ADDRESS	11201 Danka Circle N.	
5.4 CITY-ST-ZIP	St. Petersburg FL 33716	
6.1 TITLE	S/V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: L. Jean Berry SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(727) 576-6003

Daytime Phone #

CR2E034 (11/98)