

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 # **V48584** (9)
1. Corporation Name
FORTSON CONSULTANT SERVICES INCORPORATED



Principal Place of Business: **4565 CASSIUS STREET ORLANDO FL 32811**
Mailing Address: **4565 CASSIUS STREET ORLANDO FL 32811**

3. Date Incorporated or Qualified: **07/08/1992**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **59-3136296**
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: **4565 Cassius St**
2a. Mailing Address: **same**
22. Suite, Apt. #, etc.: **FL**
27. Suite, Apt. #, etc.: **same**
23. City & State: **Orlando, FL**
28. City & State: **''**
24. Zip: **32811**
25. Country: **Orange**
29. Zip: **''**
30. Country: **''**

9. Name and Address of Current Registered Agent

**IKEJI, CHUCK
2891 S. CONWAY RD.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81. Name: **N/A**
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	FORTSON, ALMA R	4565 CASSIUS STREET	ORLANDO FL	<input type="checkbox"/>
Vice President	Katasha Fortson	4565 Cassius St	Orlando, FL 32811	<input type="checkbox"/>
Treasurer	Linda Woodson	7600 Prato Ave	Orland, FL	<input type="checkbox"/>
Secretary	Beradine McFarland	4242 Raleigh Street	Orlando, FL 32811	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 **407.423.5850**
Date Daytime Phone

CR2E034 (12/95)