

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Janice B. Mumford  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 1:59

RECORDS DIVISION  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027604 (5)**

VERTICAL SOFTWARE SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>P.O. BOX 14858 TALLAHASSEE FL 32317-4858</b>		Mailing Address <b>P.O. BOX 14858 TALLAHASSEE FL 32317-4858</b>	
2. Principal Nature of Business <b>21</b>		2b. Mailing Address <b>26</b>	
22 State, Apt. #, etc.		27 State, Apt. #, etc.	
23 City & State		28 City & State	
24	25	29	30
3. Date Incorporated or Qualified <b>04/12/1994</b>		3a. Date of Last Report	
4. FEI Number <b>59-3242208</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MCMURRAIN, ANN 737 1/2 NORTH MONROE STREET TALLAHASSEE FL 32303</b>				10. Name and Address of New Registered Agent			
				81 Name <b>ANN MCMURRAIN</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>4909 NORTH MONROE ST</b>			
				83			
				84 City <b>TALLAHASSEE</b>		85 Zip Code <b>32303</b>	

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 *Ann McMurray* **Ann McMurray** **4-25-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMURRAIN, ANN</b>	12 NAME	
STREET ADDRESS	<b>P.O. BOX 14858 N/A</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>TALLAHASSEE FL 32317-4858</b>	14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct and that the signatories shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or director authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Ann McMurray* **Ann McMurray** **4-25-95** **904-562-2538**