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FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001826 (4)

1. Corporation Name

EPIC SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1350 E. MCKELLIPS, SUITE 5  
MESA AZ 85213

1350 E. MCKELLIPS, SUITE 5  
MESA AZ 85203-2722



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1996

4. FEI Number

APPLIED FOR 59-3359613

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

10. Name and Address of New Registered Agent

81 Name

CorpAmerica, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1525 South Andrews Ave., Suite 216

83

84 City

Fort Lauderdale

FL

85 Zip Code

33316

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Barbara O. Frebert*  
Signature, typed or printed name of registered agent and title if applicable.

Barbara O. Frebert, Asst. Sec.

1/28/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, R. MICHAEL	
STREET ADDRESS	6801 N. 54TH ST	
CITY - ST - ZIP	TAMPA FL 33610	
TITLE	VP President	<input type="checkbox"/> DELETE
NAME	BROOKS, ALLAN F	
STREET ADDRESS	250 E. PARK AVE	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEENEY, JEFFREY T	
STREET ADDRESS	1350 E. MCKELLIPS, SUITE 5	
CITY - ST - ZIP	MESA AZ 85213	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORGLUND, TERRY R	
STREET ADDRESS	244 E. PARK AVE	
CITY - ST - ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

14. I do 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:

*Barbara O. Frebert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara O. Frebert, President 1/21/97 (800) 989-7515

Date

Daytime Phone #

CR2E034 (9/96)