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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J49005** **(8)**

1. Corporation Name

COUNTER SOLUTION, INC.

Principal Place of Business	Mailing Address
135 W MARION AVE ~~727 CHESTON ST.~~ EDGEWTER FL 32132 US	135 W MARION AVE 727 CHESTON ST. EDGEWATER FL 32132 US

3. Date Incorporated or Qualified: **12/22/1986**
3a. Date of Last Report: **07/20/1995**

4. FEI Number: **52-2730775** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 135 W. Marion Ave	26 135 W. Marion Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Edgewater, FL.	28 City & State: Edgewater, FL.
24 Zip: 32132 25 Country: U.S.	29 Zip: 32132 30 Country: U.S.

9. Name and Address of Current Registered Agent

HATCHER, MICHAEL C.
~~**727 CHESTON ST.**~~
~~**NEW SMYRNA BCH. FL 32168**~~

10. Name and Address of New Registered Agent

81 Name: Michael C. Hatcher
82 Street Address (P.O. Box Number is Not Acceptable): 135 W Marion Ave.
83
84 City: Edgewater **FL** 85 Zip Code: 32132

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: Michael C Hatcher, Pres. DATE: 5-15-96
Signature, typed or printed name of registered agent and, if applicable, the office held. (NOTE: Registered Agent signature required where required by law.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS HATCHER, MICHAEL C. 2714 PINE TREE DRIVE EDGEWATER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: Michael C Hatcher Pres. 5-15-96 904-428-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael C Hatcher

CR2E034 (12/95)