**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 # **P92000007016 (8)**

1. Corporation Name

**SOLOMON SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1924 DERBYWOOD DR<br>BRANDON FL 33510<br>US | 1924 DERBYWOOD DR<br>BRANDON FL 33510<br>US |

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21: 111 Palmetto Terrace
22: Suite, Apt. #, etc.
23: City & State: Tampa FL
24: Zip: 33610
25: Country: USA

2a. Mailing Address
26: PO Box 1899
27: Suite, Apt. #, etc.
28: City & State: Mango FL
29: Zip: 33550-1899
30: Country: USA

4. FEI Number: 59-3152439 ☐ 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

9. Name and Address of Current Registered Agent

SOLOMON, NANCY S
1924 DERBYWOOD DR
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name: Solomon, Nancy S
82 Street Address (P.O. Box Number is Not Acceptable): 111 Palmetto Terrace
83:
84 City: Tampa FL 85 Zip Code: 33610

11. Pursuant to the provisions of Section 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: Nancy S Solomon DATE: 4/23/96
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent's signature required for filing.

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SOLOMON, NANCY R<br>1924 DERBYWOOD DRIVE<br>BRANDON FL | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | PD<br>Solomon, Nancy R<br>111 Palmetto Terrace<br>Tampa, FL 33610 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>SOLOMON, JAMES R<br>1924 DERBYWOOD DR<br>BRANDON FL | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | STD<br>Solomon, James R<br>111 Palmetto Terrace<br>Tampa, FL 33610 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KOSTELLO, THOMAS F JR.<br>725 S. 51ST STREET<br>TAMPA FL | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | VP<br>Kostello, Thomas F Jr<br>725 S 51st Street<br>Tampa, FL 33619 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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)(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:** Nancy S Solomon 4/23/96 (813) 620-9063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #