FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000029129 (2) DOCUMENT

HI-TECH SOLUTIONS OF PENSACOLA, INC.

Principal Place of Business 3832 N DAVIS HWY

Mailing Address

P O BOX 9755

FILED Apr 10 1998 8:00am Secretary of State



US		PENSACOLA FL 32513 US		DO NOT WRITE IN TH	IS SPACE
				3. Date incorporated or Qualified 04/19/1993	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	N.Davis Hwy.	26 P.O. Box	9755	59-3193839	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Pensa	acola, Fl.32503	28 Pensacola	, F1. 325	13 Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 32503	25 Escambia	29 32513	Escambia	Personal Property Tax due June 30.	XYes No
8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
JONES, CAROL N 81 Name					
764	O LEHUNE DRIVE		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
PEN	ISACOLA FL 32514		Oli Oli Oli Al	daress (F.O. Box Marrison is Mat Acceptable)	
			83		
			84 City	<u> </u>	85 Zip Code
11. Pursuant to the provisions of Soctions 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 Carol N. Jones, President					
	Signature, typed or printed name of registered agen OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature re	equired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS A	NID DIDECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TOTLE		Change Addition
TITLE	STOLT, AMY L	btter		President	Ki cuante Ti Modition
NAME	4665 BAYWOOD DR		1.2 NAME	Carol N. Jones	
STREET ADDRESS	PENSACOLA FL		1.3 STREET ADDRESS	7640 LeJeune Drive	
CITY-ST-ZIP		D po ere	1.4 CITY-ST-ZIP	Pensacola, Fl. 32514	77-1-0
TITLE	S CADOL N	DELETÉ	2.1 TITLE	Secretary	Change Addition
NAME	JONES, CAROL N		2.2 NAME	Jack L. Jones	
STREET ADDRESS	7640 LEJEUNE DR		2.3 STREET ADDRESS	7640 LeJeune Drive	
CITY-ST-ZIP	PENSACOLA FL		2. 4 City - St - ZiP	Pensacola, F1, 32514	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DEL ete	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby ce	ertify that the information supplied wit	h 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 attackment with an address.					