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FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000080914

1. Corporation Name

PC Productivity Solutions Inc.

Principal Place of Business

1823 SW 32 Lane
Ocala, FL 34471

Mailing Address

1823 SW 32 Lane
Ocala, FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-03-94

4. FEI Number

59-3287365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

Groh, Michael R.
1823 SW 32 Lane
Ocala FL 34471

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 Sections 607.0505, Florida Statutes.

SIGNATURE

Michael Groh

5-1-98

12. OFFICERS AND DIRECTORS

TITLE P
NAME Groh, Michael R.
STREET ADDRESS 1823 SE 32 Lane
CITY-ST-ZIP Ocala FL 34471

☐ DELETE

TITLE S
NAME Smith, Pamela Lei
STREET ADDRESS 1823 SE 32 Lane
CITY-ST-ZIP Ocala FL 34471

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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14. I hereby certify that the information supplied by this form does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this form is true, is applicable and not in dispute 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report or otherwise have a written address.

SIGNATURE:

Michael Groh

5-1-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)