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

FILED Feb 13 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P94000089701 (4) DOCUMENT # SOFTECH SOLUTIONS, INC. Principal Place of Business Mailing Address 300 NORTH CR 427 300 NORTH CR 427 **STE 310** STE 310 LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3288531 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. □ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TORREY, WILLIAM J **300 NORTH CR 427** 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ING1E. Registered Agent signature requ 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DILETE Change Addition 1.1 TITLE TITLE TORREY, WILLIAM J 1.2 NAME NAME **697 CANOPY COURT** STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 JUL€ WHITE, EDWARD C 2.2 NAME NAME 299 LAKE GRIFFIN CIR 2.3 STREET ADDRESS STREET ADDRESS CASEBLERRY FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MERRILL, RONNIE L NAME 3.2 NAME 607 BERCH BLVD. 3.3 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 🖜 on an attachment with an address

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 C(TY - ST - 73P)

6.3 STREET ADDRESS

DELETE

DELETE

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY+ST-ZIP

2/3/98 1-407-331-8324

Change

Change

Addition

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