

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 # P95000001116 (9)

1. Corporation Name

FIBER SOLUTIONS, INC.



Principal Place of Business

P.O. BOX 13567
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 13567
TALLAHASSEE FL 32317

2. Principal Place of Business

21 2808 Remington Green North

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, Florida

Zip

24 32308

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

4. FET Number

59-3286700

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

SATTERFIELD, H.C. III
2808 REMINGTON GREEN NORTH
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

Satterfield, H.C. III

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

2808 Remington Green North

83

84 City

Tallahassee

FL

85 Zip Code

32308

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

Signature typed or printed name of registered agent and the state of FL.

300FL Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SATTERFIELD, H.C. III
STREET ADDRESS P.O. BOX 13567
CITY-ST-ZIP TALLAHASSEE FL 32317 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Satterfield, H.C. III
1.3 STREET ADDRESS 2808 Remington Green North
1.4 CITY-ST-ZIP Tallahassee, Florida 32308 ☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME Hartsfield, Christine
2.3 STREET ADDRESS 2808 Remington Green North
2.4 CITY-ST-ZIP Tallahassee, Florida 32308 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Christine Hartsfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

(904) 385-4828
Daytime Phone

CP2E034 (12/95)