

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 # P95000014177 (6)

1. Corporation Name
VERSATILE SOLUTIONS INCORPORATED



Principal Place of Business
306 WEST SAUNDERS STREET
PLANT CITY FL 33566

Mailing Address
306 WEST SAUNDERS STREET
PLANT CITY FL 33566

3. Date Incorporated or Qualified 02/17/1995
3a. Date of Last Report 1ST ANNUAL

2. Principal Place of Business
21 4815 E. BUSCH BLVD

2a. Mailing Address
26 4815 E. BUSCH BLVD

4. FEI Number 59-3297405
Applied For Not Applicable

Suite, Apt., etc.
22 103

Suite, Apt., etc.
27 103

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

City & State
23 TAMPA FL

City & State
28 TAMPA FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33617 25 HILLSBOROUGH

Zip Country
29 33617 30 HILLSBOROUGH

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAMBERT, JERRY D
306 WEST SAUNDERS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable) 4815 E. BUSCH BLVD
83 Suite 103
84 City TAMPA FL 85 Zip Code 33617

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 Jerry D. Lambert PRESIDENT 2-27-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when certifying change) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PRESIDENT	JERRY D. LAMBERT	4815		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
P/T/C	JERRY D. LAMBERT	306 W. SAUNDERS ST.	PLANT CITY FL 33566	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/S/D	THOMAS G. MATZA	14115 STONEGATE DRIVE	TAMPA FL 33624	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Jerry D. Lambert 2-27-96 815-989-2226
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (12/95)