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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000026293 (7)**

1. Corporation Name:

PAYROLL SOLUTIONS, INC.



Principal Place of Business:

**121 EAST CHARLOTTE AVENUE
PUNTA GORDA FL 33950**

Mailing Address:

**121 EAST CHARLOTTE AVENUE
PUNTA GORDA FL 33950**

2. Principal Place of Business:

2a. Mailing Address:

21

Suite, Apt., #, etc.

26

Suite, Apt., #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

**SOURS, SHIRLEY C
121 EAST CHARLOTTE AVENUE
PUNTA GORDA FL 33950**

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 607.0602 and 607.1504, Florida Statute, 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 607.0604, Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

**SOURS, SHIRLEY C
121 EAST CHARLOTTE AVENUE
PUNTA GORDA FL 33950**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

**MARTIN, GEORGIA A
121 EAST CHARLOTTE AVENUE
PUNTA GORDA FL 33950**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

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:

Shirley C Sours
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. CITY

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. CITY

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. CITY

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. CITY

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. CITY

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. CITY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Add or

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

1-29-96

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