

FILED  
Apr 23 1998 8:00am  
Secretary of State



1. Corporation Name  
**SOLE SOURCE INC.**

\_\_\_\_\_

3. Date Incorporated or Qualified  
**10/23/1995**

4. FEI Number **59-3348376**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

**SIGNATURE** \_\_\_\_\_

Signature block is printed name of bonded agent and is not valid

(2011 - Registered Agent Signature required when transacting)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	12 NAME	
STREET ADDRESS	<b>HORNISH, JONATHAN K</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>2901 W. ARCH STREET</b>	14 CITY - ST - ZIP	
	<b>TAMPA FL 33629</b>		
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	22 NAME	
STREET ADDRESS	<b>ELDRIDGE, TIMOTHY</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>2502 W. KANSAS AVENUE #4</b>	24 CITY - ST - ZIP	
	<b>TAMPA FL 33629</b>		
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I hereby 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Jonathan K. Linnard, M.D.* 4/18/98 713-852-5522

CR2E034 (10/97)