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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000096204 (9)

SOLUTION COMMUNICATIONS, INC.

5328 MACOSO COURT 5328 MACOSO COURT **NEW PORT RICHEY FL 34855 NEW PORT RICHEY FL 34655** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3362690 Not Applicable Suite. Ant # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SLEEMAN, GEORGE K 5328 MACOSO COURT 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34655** 83 85 Zip Code 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition SLEEMAN, GEORGE K NAME 1.2 NAME **5328 MACOSO COURT** STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition SLEEMAN, GEORGE K NAME 2.2 NAME **5328 MACOSO COURT** STREET ADDRESS 23 STREET ADDRESS **NEW PORT RICHEY FL 34655** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE Change 4.1 DILE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 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

6.1 TITLE

6.2 NAME

Block 12 or Block 13 if changed, or on an attachment with an address D. Bre. Lenoce K. SLEGMAN SIGNATURE:

DELETE

Change

Addition

**FILED** 

May 07 1998 8:00am

Secretary of State