FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000039390 (5)**

1. Corporation Name
EFFECTIVE SOLUTIONS, INC.

Principal Place of Business
~~349 S GULF DR~~ 67 BROWN ST.
SEAGROVE BEACH FL 32459

Mailing Address
~~349 S GULF DR~~ PO BOX 1746
~~SEAGROVE BEACH FL 32459-9735~~
SANTA ROSA BEACH

3. Date Incorporated or Qualified: 05/02/1996
3a. Date of Last Report:

2. Principal Place of Business
21 67 BROWN ST.
22 Suite, Apt. #, etc.
23 City & State: SEAGROVE BEACH, FL
24 Zip: 32459
25 Country: WALTON

2a. Mailing Address
26 PO Box 1746
27 Suite, Apt. #, etc.
28 City & State: SANTA ROSA BEACH, FL
29 Zip: 32459
30 Country: WALTON

4. FEI Number: 59-3379877 ☐ 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
KLYSTRA, CHESTER
349 S GULF DR
SEAGROVE BEACH FL 32459

10. Name and Address of New Registered Agent
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 Section 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: Chester D Klystra VA DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: CHESTER D. KYLSTRA		1.2 NAME	
STREET ADDRESS: 2766 BAY GROVE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP: FREEPORT, FL 32439		1.4 CITY-ST-ZIP	
TITLE: V. PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: BETSY KYLSTRA		2.2 NAME	
STREET ADDRESS: 2766 BAY GROVE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP: FREEPORT, FL 32439		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	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Chester D Klystra CEO 3/18/97 904-231-0165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055395