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**PROFIT** CORPORATION ANNUAL REPORT

· 1999



DOCUMENT # P96000051943

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 14, 1999 8:00 am Secretary of State

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	GENCY SOLUTIONS, INC.	Mailing Address		·						
Principal Place 8201 YARDLEY		8201 YARDLEY AVE N								
ST PETERSBUR		ST PETERSBURG FL 33710	)			50	NOT MIDIT	C IN THE	CDACE	
					3 [	Date Incorporated of	NOT WRIT	E IN THIS	SPACE	-
						06/17/1996	, 445			
2. Principal P	lace of Business	2a, Mailing Address				El Number		<del>-</del>		pplied For
21		26				59-3385057				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. (	Certifcate of Status	Desired			Additional equired
City & State		City & State				Election Campaign	Financing		<del></del>	May Be
23		28				Frust Fund Contribu	_			to Fees
Zip	Country	Zip	Country	у	8.	This corporation ow	es the curre	nt year Int	angible	
24	25	29	30			Personal Property 1			Yes	□No
	9. Name and Address of Current	t Registered Agent	81	l Name		Name and Addres	s of New R	egistered	Agent	
HOL	LAND, A. WAYNE		[81						_	
,	YARDLEY AVE N		82	Stree	t Address (P.	D. Box Number is N	Not Accepta	ble)		II.
ST P	ETERSBURG FL 33710		83	3			•			
									85 Zip	Code
		,	84	1				F <u>L</u>	. ) '	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	2 and 607.1509/Florida Statut of Forma. Such change was a turns of, Seption 607.0505, Flo	es, the abov uthorized by rida Statutes	ve-named the corp s.	d corporation poration's boa	submits this statem and of directors. I he	nent for the ereby accep	purpose of t the appoi	changing it nţment as r	s registered egistered
SIGNATURE	Signature typed or printed name of registered agen	nt and title if applicable. (NOTE	: Registered Age	_	required when rei	nstating)	<u> </u>	DATE	-	
	Signature typed or printed name of registered agen			_	required when rei		<u> </u>	DATE	-	
SIGNATURE	Signature Ayped or printed named Jegislared agen OFFICERS ANI PD HOLLAND, A. KRISTEN	nt and title if applicable. (NOTE	: Registered Age	ant signature	required when rei	nstating)	<u> </u>	DATE	ID DIRECT	ORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS.  CITY-ST-ZIP	Signature Aypord or printed native projectored agent OFFICERS ANI PD HOLLAND, A. KRISTEN 8201 YARDLEY AVE N ST PETERSBURG FL 33710	nt and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature	A	nstating)	<u> </u>	DATE	ND DIRECT Change	ORS IN 12
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14. 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 with all other like empowered.

SIGNATURE: