

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 06 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000068646 (4)
1. Corporation Name

OBVIOUS SOLUTIONS, INC.



Principal Place of Business
116 N-C HWY 470
LAKE PANASOFFKEE FL 33538
US

Mailing Address
116 N-C HWY 470
LAKE PANASOFFKEE FL 33538
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 878 CR 477 N
Suite, Apt. #, etc.
22 City & State
23 Lake Panasoffkee FL
Zip 33538 Country USA
24 33538 25 USA

2a. Mailing Address
26 878 CR 477 N
Suite, Apt. #, etc.
27 City & State
28 Lake Panasoffkee FL
Zip 33538 Country USA
29 33538 30 USA

3. Date Incorporated or Qualified
08/15/1996

4. FEI Number
59-3387526

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

9. Name and Address of Current Registered Agent
SHOREY, VICKI L
116 N-C HWY 470
LAKE PANASOFFKEE FL 33538

10. Name and Address of New Registered Agent
81 Name Hacker, Laurie A
82 Street Address (P.O. Box Number is Not Acceptable)
878 CR 477 N
83 Lake Panasoffkee
84 City FL 85 Zip Code 33538

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 Laurie A. Hacker
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 9/2/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOREY, VICKI L	1.2 NAME	
STREET ADDRESS	2707 SIVLER LAKE AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUKE, LAURIE	2.2 NAME	
STREET ADDRESS	878 CR 477 N	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE PANASOFFKEE FL	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: Laurie A. Hacker

9/2/98

352-568-7504

CR2E034 (5/98)