

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # **P96000084535 (9)**

1. Corporation Name

A MAP SOLUTION, INC.



Principal Place of Business

**48 HERNANDEZ AVE
ORMOND BEACH FL 32174**

Mailing Address

**48 HERNANDEZ AVE
ORMOND BEACH FL 32174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

59-3413173

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

2. Principal Place of Business

21 17 W. GRANADA BLVD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1135

Suite, Apt. #, etc.

22 City & State

23 ORMOND BEACH, FL

Zip

Country

24 32174

25 USA

27 City & State

28 ORMOND BEACH, FL

Zip

Country

29 32174-1135

30 USA

9. Name and Address of Current Registered Agent

**HEADING, VIVIAN G
48 HERNANDEZ AVE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

**81 Name MARGARET E. KEMP
82 Street Address (P.O. Box Number is Not Acceptable)
17 W. GRANADA BLVD
83
84 City ORMOND BEACH FL 85 Zip Code 32174**

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 607.0805, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

8-17-98

12. OFFICERS AND DIRECTORS

TITLE **PT** ☒ DELETE

NAME **HEADING, VIVIAN G**
STREET ADDRESS **48 HERNANDEZ AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☐ DELETE

NAME **KEMP, MARGARET E**
STREET ADDRESS **48 HERNANDEZ AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V** ☒ DELETE

NAME **HEADING, PATRICK**
STREET ADDRESS **48 HERNANDEZ AVE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PVTS** ☒ Change ☐ Addition

2.2 NAME **MARGARET E. KEMP**

2.3 STREET ADDRESS **17 W. GRANADA BLVD.**

2.4 CITY-ST-ZIP **ORMOND BEACH FL 32174**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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

SIGNATURE

Margaret E. Kemp

8-17-98 886777211

CR2E034 (5/98)