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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000088395 (4)**

1. Corporation Name
BUSINESS SOLUTIONS OF CAPE CORAL, INC.

65-0705075

Principal Place of Business	Mailing Address
420 TUDOR DRIVE UNIT A4 CAPE CORAL FL 33904	420 TUDOR DRIVE UNIT A4 CAPE CORAL FL 33904-9403

3. Date Incorporated or Qualified: 10/24/1996
3a. Date of Last Report: FIRST REPORT

2. Principal Place of Business	2a. Mailing Address
21 2710 DEL PRADO BLVD	26 2710 DEL PRADO BLVD
Suite, Apt. #, etc. 22 SUITE 2	Suite, Apt. #, etc. 27 SUITE 2
City & State 23 CAPE CORAL, FL	City & State 28 CAPE CORAL, FL
Zip 24 33904 Country 25 USA	Zip 29 33904 Country 30 USA

4. FEI Number: ~~46-1308583-031/8~~ 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	10. Name and Address of New Registered Agent
HAIR, THOMAS W 420 TUDOR DRIVE UNIT A4 CAPE CORAL FL 33904	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 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: Thomas W. Hair — THOMAS W. HAIR — 04/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAIR, THOMAS W	1.2 NAME	
STREET ADDRESS	420 TUDOR DRIVE UNIT A4	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	
TITLE	SV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAIR, JACQUELINE D	2.2 NAME	
STREET ADDRESS	420 TUDOR DRIVE UNIT A4	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	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	

14. I do 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 any address.

941-573-0500

SIGNATURE: Thomas W. Hair — THOMAS W. HAIR 4/24/97

CR2E034 (9/96)