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May 16 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 # **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
21 2710 DEL PRADO BLVD
Suite, Apt. #, etc.
22 SUITE 2
City & State
23 CAPE CORAL, FL
Zip 24 33904 Country 25 USA

2a. Mailing Address
26 2710 DEL PRADO BLVD
Suite, Apt. #, etc.
27 SUITE 2
City & State
28 CAPE CORAL, FL
Zip 29 33904 Country 30 USA

4. FEI Number: ~~46-13-0814583-231/8~~ ☐ 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

HAIR, THOMAS W
420 TUDOR DRIVE
UNIT A4
CAPE CORAL FL 33904

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 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		

CR2E034 (9/96)

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 an address.

941-573-0500

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