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FILED

Apr 15 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 # P96000091181 (3)

1. Corporation Name

BUSINESS SYSTEMS SOLUTIONS, INC.

Principal Place of Business

1101 LAKE RIDGE CT  
SAFETY HARBOR FL 34695-5621  
US

Mailing Address

P.O. BOX 24897  
TAMPA FL 33623-4897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3429768

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 1212 66th Street North

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 St. Petersburg, FL

27 City & State

28

24 Zip

33710

25 Country

USA

29 Zip

30 Country

g. Name and Address of Current Registered Agent

WHITEMORE, KENT G  
ONE BEACH DRIVE SE  
SUITE 205  
ST. PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WATSON, GREGORY H  
STREET ADDRESS 1101 LAKE RIDGE CT  
CITY-ST-ZIP SAFETY HARBOR FL 34695-5621 ☐ DELETE

TITLE VD  
NAME WATSON, LAUREN H  
STREET ADDRESS 1101 LAKE RIDGE CT  
CITY-ST-ZIP SAFETY HARBOR FL ☐ DELETE

TITLE STD  
NAME DENISON, MAUREEN S.  
STREET ADDRESS 1101 LAKE RIDGE CT  
CITY-ST-ZIP SAFETY HARBOR FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D  
1.2 NAME 10460 Roosevelt Blvd, # 316  
1.3 STREET ADDRESS St. Petersburg, FL 33716 ☒ Change ☐ Addition

2.1 TITLE V/S/D  
2.2 NAME 10460 Roosevelt Blvd, # 316  
2.3 STREET ADDRESS St. Petersburg, FL 33716 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Gregory H. Watson*

Gregory H. Watson 4/10/98 (813) 562-0758

CR2E034 (10/97)