

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 022 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000012039 (8)** ✓

1. Corporation Name

PEOPLESOLUTIONS, INC.

Principal Place of Business

Mailing Address

**18928 ST. LAURENT DRIVE
LUTZ FL 33549**

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LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-2427957

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

2a. Mailing Address

21 **550 N. RED ST.**

26 Suite, Apt. #, etc

22 **SUITE 300**

27 Suite, Apt. #, etc

23 **TAMPA, FL**

28 City & State

24 **33609**

25 **US**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**KINSELLA, SUSANNE
502 S. FREMONT
#105
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

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

550 N. RED ST.

83

SUITE 300

84

TAMPA

FL

85 Zip Code

33609

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

(Initials) Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

12.2 NAME
12.3 STREET ADDRESS
12.4 CITY - ST - ZIP

12.5 TITLE ☐ DELETE

12.6 NAME
12.7 STREET ADDRESS
12.8 CITY - ST - ZIP

12.9 TITLE ☒ DELETE

12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP

12.13 TITLE ☒ DELETE

12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP

12.17 TITLE ☒ DELETE

12.18 NAME
12.19 STREET ADDRESS
12.20 CITY - ST - ZIP

12.21 TITLE ☐ DELETE

12.22 NAME
12.23 STREET ADDRESS
12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 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 as an attachment with an address

[Signature] PARTIAL 4-29-99