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FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 26 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 **DOCUMENT #** P97000015719 COMMON SENSE SOLUTIONS, INC. Principal Place of Business Mailing Address 1323 QUINTUPLET DRIVE 1323 QUINTUPLET DRIVE DO NOT WRITE IN THIS SPACE CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 3. Date Incorporated or Qualified 02/19/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For BOX 3000 21 Not Applicable Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Attn: 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes □ No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HATCHER, STEPHEN B. ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 315 EAST ROBINSON STREET SUITE 600 ORLANDO, FL 32801 US 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 \$tignature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE D/P/S/T X Change ☐ Addition TITLE NAME 1.2 NAME WHITE, RONALD G. WHITE, RONALD W. STREET ADDRESS 1.3 STREET ADDRESS 1323 QUINTUPLET DRIVE 1323 QUINTUPLET DRIVE CITY-ST-ZIP CASSELBERRY, FL 32707 1.4 CITY - ST-ZIP CASSELBERRY, FL 32707 DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP DELETE Change Addition TITLE SITIE 200002535**78**2 -05/2<u>7</u>/98--01004--004 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP ***150.00 DELETE Addition TITLE 6 1 TITLE Change

14. I hereby certify that the information supplied with this filing does not qualdy for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplier ental fair fact report is five and accurate and that my signature shall have the same legal effect as if made under path that I am an officer or director of the corporation or the occever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

signature and typed or printed transfor signing office Ronald G. White President

5/1/98 407-699-4398