

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

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024166

1. Corporation Name
Simple Office Solutions, Inc.

FILED
99 SEP 24 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2858 Remington Green Circle Tallahassee, FL 32308 Same

2. Principal Place of Business 2a. Mailing Address

21. 2858 Remington Green Cir 26. Same

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State

Tallahassee, Florida Same

24. Zip 29. Zip

32308 USA Same

30. Country

3. Date Incorporated or Qualified 3-18-97

4. FEI Number 59-3432893

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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Terri S Head

82. Street Address (P.O. Box Number is Not Acceptable) 1587 Copperfield Cir

83. City Tallahassee FL 85. Zip Code 32312

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 Terri S Head - President Terri S Head 9-24-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President

1.2 NAME Terri S Head

1.3 STREET ADDRESS 1587 Copperfield Cir

1.4 CITY-ST-ZIP Tallahassee, FL 32312

2.1 TITLE Vice President

2.2 NAME Janice H. Smith

2.3 STREET ADDRESS 304 Remington Run Way

2.4 CITY-ST-ZIP Tallahassee, FL 32312

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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, with all other like empowered.

SIGNATURE: Terri S Head

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-99 422-7755

Date Daytime Phone #

CR2E034 (11/98)