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FILED  
May 08 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 # P97000058691 (1)

1. Corporation Name

SIMPLIFIED OFFICE SOLUTIONS, INC.



Principal Place of Business

20 TARPON DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

20 TARPON DRIVE  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1997

4. FEI Number

59-3460268

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MACLIN, FLORA B  
9887 4TH ST. N.  
SUITE 250  
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name THOMAS R SANDVIK

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

83 City TARPON SPRINGS FL

85 Zip Code 34689

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 R SANDVIK

4/29/98

(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 D  
NAME SANDVIK, THOMAS R  
STREET ADDRESS 20 TARPON DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ DELETE

TITLE D  
NAME SANDVIK, MARY W  
STREET ADDRESS 20 TARPON DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ DELETE

TITLE D  
NAME SANDVIK, PATRICK R.E.  
STREET ADDRESS 20 TARPON DRIVE  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ DELETE

TITLE D  
NAME SANDVIK, BARBARA  
STREET ADDRESS 18419 97TH AVENUE  
CITY-ST-ZIP SUN CITY AZ 85373 ☐ 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 on an attachment with an address.

SIGNATURE THOMAS R SANDVIK

4/29/98 013-989550

CR2E034 (10/97)