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

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90035 047 ***150.00

DOCUMENT # P97000059065

1. Corporation Name
EVOLVE INFORMATION TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
11211 MOONVALLEY WAY TAMPA FL 33635	11211 MOONVALLEY WAY TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/07/1997

2. Principal Place of Business	2a. Mailing Address
21 533 S. HOWARD AVE	26 533 S. HOWARD AVE
Suite, Apt. #, etc. 22 SUITE 830	Suite, Apt. #, etc. 27 SUITE 830
City & State 23 TAMPA, FL	City & State 28 TAMPA FL
Zip / Country 24 33309 25 USA	Zip / Country 29 33309 30 USA

4. FEI Number: 59-3455430 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 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
SUTHARD, PAUL BRYAN 11211 MOONVALLEY WAY TAMPA FL 33635	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2465 NW 33rd ST #1512 83 84 City FT LAUDERDALE FL 85 Zip Code 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUTHARD, PAUL BRYAN 11211 MOONVALLEY WAY TAMPA FL 33635	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D-P SUTHARD, PAUL BRYAN 2465 NW 33rd ST #1512 FT LAUDERDALE, FL 33309	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D-VP ROBERT COPPOLA 235 PALM ISLAND SW CLEARWATER, FL 33767	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	D-VP MARK SILVERSTEIN 1802 CRYSTAL SPRING LANE HERMITAGE, TN 37076	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	CORP SECY HOLLY SUTHARD 2465 NW 33rd ST #1512 FT LAUDERDALE, FL 33309	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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, with all other like empowered.

SIGNATURE: S. SUTHARD REQUIRED — 3/14/99 — 813-505-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)