

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90118 001 ***150.00

DOCUMENT # P97000067620

1. Corporation Name
PRE-PAID SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

59-3464026

Applied For

Not Applicable

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

2. Principal Place of Business

21 **255 East Drive**

2a. Mailing Address

26 **255 East Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **C**

27 **C**

City & State

23 **Melbourne, FL**

City & State

28 **Melbourne, FL**

Zip

24 **32904**

Country

Zip

29 **32904**

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEALY, PATRICK
700 S. BABCOCK ST
SUITE 400
MELBOURNE FL 32901**

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE

NAME **BIDDIX, THOMAS**
STREET ADDRESS **480 E. EAU GALLIE BLVD.**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE **SCOO** ☐ DELETE

NAME **MCWILLIAMS, TIMOTHY F**
STREET ADDRESS **480 E. EAU GALLIE BLVD.**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE **D** ☒ DELETE

NAME **EWEN, HENRY**
STREET ADDRESS **480 E. EAU GALLIE BLVD.**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE **D** ☐ DELETE

NAME **COLEMAN, JAMES**
STREET ADDRESS **480 E. EAU GALLIE BLVD.**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE **D** ☒ DELETE

NAME **EVANS, ART**
STREET ADDRESS **480 E. EAU GALLIE BLVD.**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PCEO** ☒ Change ☐ Addition

1.2 NAME **Biddix, Thomas**
1.3 STREET ADDRESS **255 East Drive, Suite C**
1.4 CITY-ST-ZIP **Melbourne, FL 32904**

2.1 TITLE **SCOO** ☒ Change ☐ Addition

2.2 NAME **mcWilliams, Timothy F**
2.3 STREET ADDRESS **255 East Drive, Suite C**
2.4 CITY-ST-ZIP **Melbourne, FL 32904**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME **Coleman, James**
4.3 STREET ADDRESS **255 East Drive, Suite C**
4.4 CITY-ST-ZIP **Melbourne, FL 32904**

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

CR2E034 (11/98)

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: