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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000069895 (5)**
1. Corporation Name
THIRD ROCK SOLUTIONS, INC.

Principal Place of Business: 7181 COLLEGE PARKWAY FT. MYERS FL 33907
Mailing Address: 7181 COLLEGE PARKWAY FT. MYERS FL 33907

3. Date Incorporated or Qualified
08/11/1997

2. Principal Place of Business
21. **9250 College Parkway #5**
22. Suite, Apt. #, etc. **Suite #5**
23. City & State **Ft. Myers, FL**
24. Zip **33919** 25. Country **Lee**

4. FEI Number **65-0773882**
Applied For Not Applicable

2a. Mailing Address
26. **9250 College Parkway**
27. Suite, Apt. #, etc. **Suite #5**
28. City & State **Ft. Myers, FL**
29. Zip **33919** 30. Country

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

9. Name and Address of Current Registered Agent
**HUBBARD, STEVEN W
2000 MCGREGOR BLVD., THIRD FLOOR
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81. Name **Hubbard, Steven W**
82. Street Address (P.O. Box Number is Not Acceptable) **2320 First Street, Suite 1000**
83.
84. City **Ft Myers** FL 85. Zip Code **33501**

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 *Steven W Hubbard* DATE **10/30/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DP Paul Eric Kaiser
1.3 STREET ADDRESS	9250 College Parkway, Suite #5
1.4 CITY-ST-ZIP	Ft. Myers, FL 33919

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	800002683358--4
2.4 CITY-ST-ZIP	-11/09/98--01098--008

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***750.00 ***750.00
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME	
7.3 STREET ADDRESS	
7.4 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 reports 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: *Paul Eric Kaiser, President* DATE: **10-30-98** **941-70-6760**

CR2E034 (10/97)

REINSTATEMENT 98
11-6-98