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FILED
Jun 02 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 # **P97000072548 (5)**
1. Corporation Name
PARTNERSHIP SERVICES NETWORK, INC.



Principal Place of Business
**3380 MACMASTER PLACE
MELBOURNE FL 32934**

Mailing Address
**3380 MACMASTER PLACE
MELBOURNE FL 32934**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

59-3453606

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

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**HARRIS, PERCY L
3380 MACMASTER PLACE
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

81 Name **Percy L. Harris**

82 Street Address (P.O. Box Number is Not Acceptable)
3380 MacMaster Place

83

84 City **Melbourne**

FL 85 32934

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.

Percy L. Harris President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/15/98
DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE
NAME **Percy L. Harris**
STREET ADDRESS **3380 MacMaster Place**
CITY-ST-ZIP **Melbourne, Florida 32934**

TITLE **VP** ☐ DELETE
NAME **Damon Haynes**
STREET ADDRESS **302 Rachelle Ave. Apt. 224**
CITY-ST-ZIP **Sanford, Florida 32771**

TITLE **Treasurer** ☐ DELETE
NAME **Rudy Gipson**
STREET ADDRESS **847 Horton Road**
CITY-ST-ZIP **Durham, NC 28202**

TITLE **Secretary** ☐ DELETE
NAME **Billy D. Harris**
STREET ADDRESS **3380 MacMaster Place**
CITY-ST-ZIP **Melbourne, Fl 32934**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E034 (10/97)