

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 30 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 # P97000085594 (4)
1. Corporation Name
M SOLUTIONS, INC.



Principal Place of Business
4819 DALE CT.
MIDDLEBURG FL 32068

Mailing Address
4819 DALE CT.
MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 P O Box 4497

Suite, Apt. #, etc.

27 City & State

28 St Augustine FL
29 32085-4497 St Johns

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

59-3470744

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, DAVID B JR.
767 BLANDING BLVD. STE. 107
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name

Richard L. Waler, Jr.

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

71 S. Dixie Highway, #4

83

84 City

St. Augustine

FL

85 Zip Code

32085

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

Richard L. Waler, Jr. CPA

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MONRO, CHRIS
STREET ADDRESS 4819 DALE CT.
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D/S/T ☒ Change ☐ Addition
1.2 NAME Christopher Monro
1.3 STREET ADDRESS 4819 Dale Court
1.4 CITY-ST-ZIP Middleburg, FL 32068

2.1 TITLE D/P ☐ Change ☒ Addition
2.2 NAME Carl E. Carlson
2.3 STREET ADDRESS 4010 Confederate Point Road
2.4 CITY-ST-ZIP Jacksonville, FL 32210

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME George Arnau
3.3 STREET ADDRESS 6277 Power Avenue
3.4 CITY-ST-ZIP Jacksonville, FL 32217

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.

CP2E034 (10/97)