Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90030 001 ***150.00

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**

DOCUMENT # P97000092955

| 1. Corporation | n Name | | | | | | |
|---|--|-----------------------------|--|------------|---------------------|---|----------------------------|
| PROFESSIONAL SOFTWARE SOLUTIONS, INC. | | | | | | | |
| | | | | | | | |
| | · <u> </u> | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| 601 RICHARD LEE STREET 601 RICHARD LEE STREET ORANGE PARK FL 32073 ORANGE PARK FL 32073 | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | |
| | | | | | | 10/29/1997 | |
| 2 Principal P | lace of Business | 2a. Mailing Addre | ss | | | 4, FEI Number | Applied For |
| 21 | idas of grantoso | 26 | | | | 65-0800056 | Not Applicable |
| Suite, Apt. | # etc. | Suite, Apt. #, | etc. | | | _ | \$8.75 Additional |
| 22 | ,, 5.5 | 27 | | | | 5. Certifcate of Status Desired | Fee Required |
| City & Stat | te - | City & State | | | , | 6. Election Campaign Financing | - \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes the current year | Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes ☐ No |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Register | ed Agent |
| | | | | 81 | Name | | |
| EAKIN, PAUL M | | | | | Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| 559 ATLANTIC BLVD | | | | " | Oli Cot Addi | | |
| SUITE 4 | | | | 83 | | | |
| ATLANTIC BEACH FL 32233 | | | 0.4 | Oit. | | 85 Zip Code | |
| | | | | 84 | City | | FL |
| 11 Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florid | a Statutes, the | e abov | e-named corp | oration submits this statement for the purposion's board of directors. I hereby accept the ap | of changing its registered |
| office or r | egistered agent, or both, in the State | of Florida, Such chang | e was authori | zed by | the corporation | on's board of directors. I hereby accept the ap- | pointment as registered |
| | m lamiliar with, and accept the obliga | audis or, section our lo | 700, 1 lolloa 0 | idiaioo | • | | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. | (NOTE: Regist | ered Agei | t signature require | d when reinstating) DATE | |
| 12. | | ID DIRECTORS | 1 | i3. | | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | ☐ DE | LETE 1. | 1 TITLE | | | ☐ Change ☐ Addition |
| NAME | BROWN, QUENTIN J | | 1. | 2 NAME | | | |
| STREET ADDRESS | 601 RICHARD LEE STREET | | 1. | 3 STREE | r address | | |
| CITY-ST-ZIP | ORANGE PARK FL 32073 | | 1 | 4 CITY-S | T-ZIP | | |
| TITLE | 0101102 171111 2 02010 | ☐ DE | LETE 2 | .1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 2 | 2 NAME | | | |
| STREET ADDRESS | | | 2 | 3 STREE | TADDRESS | | |
| - | | | and the state of t | .4 CITY-9 | 1 | | { |
| CITY-ST-ZIP TITLE | | DE | | 1 TITLE | · | | ☐ Change ☐ Addition |
| NAME | | | - | 2 NAME | | | ا با با با با با |
| STREET ADDRESS | | | | | ADDRESS | | |
| 1 | | | | .4. CITY-9 | | | |
| CITY-ST-ZIP* | | DE | | .1 TITLE | | | ☐ Change ☐ Addition |
| | | | | 2 NAME | 1 | | |
| NAME | | | | | T ADDRESS | | |
| STREET ADDRESS | | | E 4. | Janes | LEDITES | | í |

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 address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ME OF SIGNING OFFICER OR DIRECTOR

Change

Change

☐ Addition

Addition