

2-24 98 B 2438 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000093400 (4)**

1. Corporation Name

BOTTOM LINE SERVICES INC.

Principal Place of Business

Mailing Address

**5325 GAYMAR DRIVE
ORLANDO FL 32818**

**5325 GAYMAR DRIVE
ORLANDO FL 32818**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

59-3477169

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

**WOEHLER, TRACEY
5325 GAYMAR DRIVE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name

William W. Woehler, Jr.

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

5325 GAYMAR DRIVE

83

84 City

ORLANDO

FL

85 Zip Code

32818

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]

(Not a Registered Agent signature required when reinstating)

DATE

2-21-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Registered Agent <input checked="" type="checkbox"/> DELETE	11 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracey L. Woehler	12 NAME	William W. Woehler Jr.
STREET ADDRESS	5325 GAYMAR DR	13 STREET ADDRESS	5325 GAYMAR DR
CITY-ST-ZIP	ORL, FL 32818	14 CITY-ST-ZIP	ORL, FL 32818
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Tracey L. Woehler
STREET ADDRESS		23 STREET ADDRESS	5325 GAYMAR DR
CITY-ST-ZIP		24 CITY-ST-ZIP	ORL, FL 32818
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE *[Signature]* **2-21-98/4/17/10-1308**

CR2E034 (10/97)