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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secret ary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000002199

L & H COMPUTER SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2521 13TH STREET SUITE F	2521 13TH STREE

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90182 040 ***150.00



2521 13TH STREET SUITE F St. Cloud FL 34769	2521 13TH STREET SUITE F ST. CLOUD FL 34769			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 01/07/1998		
2. Principa Place of Business	2a. Mailing Address 26 P.O. Box 7013	<u> </u>	-	4. FEI Number Applied For 59 - 348 7 4 0 9 Not Applicat	$\overline{}$	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifc ate of Status Desired Service Status Desired Fee Recuired		
City & State	City & State 28 ST, CLOVE	FL	- -	6. Election Campaign Financing Trust Fund Contribution \$5.00 that Be Added to Fees	÷	
Zip Country	Zip C. 29 34770-/335 30	ountry US		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ Yes		
9. Name and Address of Current Registered Agent HEMPHILL, MICHAEL D 2521 13TH STREET SUITE F ST. CLOUD FL 34769		10. Name and Address of New Registered Agent				
		81	81 Name 82 Street Acdress (P.O. Box Number is Not Acceptable)			
		83		Gloss (1.0. Box Hallion of Hornespeed)		
		84		FL 85 Zip Cide		
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu es, the	above	e-named cor	prporation submits this statement for the purpose of changing its registere	d	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed naive of registered agent and title if applicable. (NOTI: Registered Agent signature required when reinstating) DATE							
12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	HEMPHILL, MICHAEL D	12 NAME					
STREET ADDRESS	313 17TH STREET	1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL 34769	1.4 CITY-ST-ZIP					
TITLE	D X DELETE	2.1 TITLE	Change Addition				
NAME	HEMPHILL, CECILIA	22 NAME					
STREET ADDRESS	313 17TH STREET	23 STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL 34769	2. 4 CITY-ST-ZIP					
TITLE	D DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME	YOUNG, BOBBIE	3.2 NAME					
STREET ADDRESS	2330 KINCAID STREET	3.3 STREET ADDRESS					
CITY-ST-ZIP	ST. CLOUD FL 34769	34 CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4, 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	C DELETE	61 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					
14. Uberely, certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							

Interest certify that the information supplied with this limit does not quality to the exemption stated in section (18.07(3)(t), Florida Statutes. Interior certify that the information indicated on this annual report or suppliemental 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 officers, with all other like empowered.