

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90008 007 \*\*\*150.00

DOCUMENT # P98000066903

1. Corporation Name

~~INTEGRATED TECHNOLOGIES, INC.~~ IT SOLUTIONS.COM, INC.

Principal Place of Business

4108 CORDGRASS INLET  
JACKSONVILLE FL 32250

Mailing Address

4108 CORDGRASS INLET  
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1998

4. FEI Number

59-3527174

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6931-1 LILLIAN ROAD

Suite, Apt. #, etc.

22 City & State  
23 JACKSONVILLE, FL

24 Zip 32211 25 Country DUVAL

2a. Mailing Address

26 6931-1 LILLIAN ROAD

Suite, Apt. #, etc.

27 City & State  
28 JACKSONVILLE, FL

29 Zip 32211 30 Country DUVAL

9. Name and Address of Current Registered Agent

PUSKAR, MARK  
4108 CORDGRASS INLET  
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name ROYAL O'BRIEN  
82 Street Address (P.O. Box Number is Not Acceptable)  
6931-1 LILLIAN ROAD  
83  
84 City JACKSONVILLE FL 85 Zip Code 32211

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT & SECRETARY  
NAME ROYAL O'BRIEN  
STREET ADDRESS 6931-1 LILLIAN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE VP OPERATIONS  
NAME MARK PUSKAR  
STREET ADDRESS 4108 CORDGRASS INLET  
CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE DIRECTOR  
NAME MICHAEL DELLA DONNA  
STREET ADDRESS 6931-1 LILLIAN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE DIRECTOR  
NAME W. GLENN REDDEN  
STREET ADDRESS 6931-1 LILLIAN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE DIRECTOR  
NAME FRED CANE  
STREET ADDRESS 6931-1 LILLIAN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE DIRECTOR  
NAME FRANK KEASLER  
STREET ADDRESS 6931-1 LILLIAN ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32211

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

904-725-5557

CR2E034 (11/98)