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 # P98000102738

PRINTING	3 SOLUTIONS, INC.					
Principal Place	e of Business	Mailing Address			T (0.8)(0.9) tib 10 th 1911; both 0.911 abiot 1701; oolin 1401; in	188 1f <u>281 1811 188</u> 1
2231 FORBES STREET JACKSONVILLE FL 32204 2231 FORBES STREET JACKSONVILLE FL 32204					DO NOT WRITE IN THIS SPACE	
•					3. Date Incorporated or Qualifed 12/08/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21					59-3546973	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				_	I E Cartifonto of Status Decired	5 Additional
27					Fee	Required
City & State	City & State City & State				1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 *	00 May Be ad to Fees
Zip	Country Zip Country 25 29 30			y 	8. This corporation owes the current year Intangible Personal Property Tax.	Nο
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
HATHAWAY, RICHARD G 10151 DEERWOOD PARK BLVD., BLDG. 100, #250 JACKSONVILLE FL 32256					Hurdle W. Anthony ess (P.O. Box Number is Not Acceptable) 31 For bes Street	
			8-	1 'Aa	CK sonuille FL 3	Dip Code 3 2 2 0 4
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		rdle W. G	N	ent signature required	9/14/17	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	D DELETE		1.1 TITLE		☐ Chan	ge
NAME	HURDLE, W. ANTHONY		1.2 NAME	:	,	
STREET ADDRESS	2231 FORBES STREET		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP			
TITLE	☐ DELETE		2.1 TITLE	:	☐ Chan	ge Addition
NAME .			2.2 NAME	!		į
STREET ADDRESS			2.3 STRE	ET ADDRESS		Ì
- GITY-ST-Z IP				-ST-ZIP		ge
TITLE		☐ DELETE	3.1 TITLE		☐ Char	iĝe □ Addition
NAME			3.2 NAME	i		ļ
STREET ADDRESS	1		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY		Char	ge Addition
TITLE		☐ DELETE	4.1 TITLE		Crian	ge 🔲 Addition
NAME			4.2 NAM			
STREET ADDRESS			i	ET ADDRESS		Į
CITY-ST-ZIP			4.4 CITY-		☐ Char	ge Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	1		- Dynamori
NAME	·			ET ADDRESS		}
STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE		Chan	ge Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90236 012 ***150.00