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Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S34216 (9)

1. Corporation Name

BRANCH OFFICE SOLUTIONS AND SERVICES, INC. *name change 3/27/98*  
MAIL SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1904 CALUMET ST.  
CLEARWATER FL 34625-1107

1904 CALUMET ST.  
CLEARWATER FL 34625-1107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1991

4. FEI Number

59-3051848

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 33765-1136 25

29 33765-1136 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOEPKER, DONALD

1904 CALUMET ST.

CLEARWATER FL 34652-33756

81 Name

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

83

84 City

FL

85 Zip Code  
33756

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DOEPKER, DONALD  
STREET ADDRESS 1741 EAGLES NEST DR.  
CITY-ST-ZIP BELLEAIR FL

TITLE D  
NAME STEELE, DAVID  
STREET ADDRESS 4472 CLEARWATER HARBOR DR  
CITY-ST-ZIP LARGO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE DVS  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP zip 33756

2.1 TITLE DPT  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP zip 33770

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE

DO Steele

DAVID D. STEELE

3-31-98

813 447 4191

CR2E034 (10/97)