

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90108 003 \*\*\*150.00

DOCUMENT # S44060

1. Corporation Name  
SOLUTIONS, INC.

Principal Place of Business  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 650  
TAMPA FL 33607  
US

Mailing Address  
6200 COURTNEY CAMPBELL CAUSEWAY  
SUITE 650  
TAMPA FL 33607  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number

59-3059244

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, RANDOLPH J.  
201 N FRANKLIN ST  
SUITE 2100  
TAMPA FL 33602

81 Name

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

83

84 City

FL

85 Zip Code

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 VS ☐ DELETE

NAME KOEHLER, DEBRA F  
STREET ADDRESS 6200 COURTNEY CAMPBELL  
CITY-ST-ZIP TAMPA FL

TITLE CEO ☐ DELETE

NAME WILSON, JACK  
STREET ADDRESS 6200 COURTNEY CAMPBELL  
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME BOWERS, CHRISTOPHER G  
STREET ADDRESS 6200 COURTNEY CAMPBELL STE 650  
CITY-ST-ZIP TAMPA FL

TITLE VSD ☐ DELETE

NAME SMITH, DAVID T.  
STREET ADDRESS 6200 COURTNEY CAMPBELL  
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE

NAME HEALY, ROBERT W.  
STREET ADDRESS 6200 COURTNEY CAMPBELL  
CITY-ST-ZIP TAMPA FL

TITLE S ☐ DELETE

NAME MITCHELL, STEPHEN J.  
STREET ADDRESS ONE TAMPA CITY CENTER  
CITY-ST-ZIP TAMPA FL

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

4/29/99

(813) 242-3253

CR2E034 (1/98)