

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED  
28 SEP - 8 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 864055  
1. Corporation Name  
PC SOLUTIONS OF TALLAHASSEE, INC

Principal Place of Business: 2320 J. APALACHEE PKWY.  
TALLAHASSEE, FL.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
7-31-91

21. Principal Place of Business TALLAHASSEE	26. Mailing Address 2320 J APALACHEE PKWY.	4. FEI Number 59-3074283	Applied For Not Applicable
22. City & State TALLAHASSEE	27. City & State FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 32301	28. Country FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
THERESA BAILEY  
1655-14 S.E. CAPITAL CR.  
TALLAHASSEE, FL. 32301

10. Name and Address of New Registered Agent  
81 Name JOSEPH M. LEHMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2320 J APALACHEE PKWY  
83  
84 City TALLAHASSEE FL 85 Zip Code 32301

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 my obligations under, Section 607.0503, Florida Statutes.

SIGNATURE: *Joseph M. Lehman* (NOTE: Registered Agent signature required when registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSEPH M. LEHMAN		12 NAME	
STREET ADDRESS 249 DOLPHIN CT.		13 STREET ADDRESS	000002635420-8
CITY-ST-ZIP TALLAHASSEE		14 CITY-ST-ZIP	-09/09/98-01051-005-8 *****61.25 *****61.25
TITLE THERESA BAILEY	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THERESA BAILEY		22 NAME	
STREET ADDRESS 1655-14 SE. CAPITAL CR.		23 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL.		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 67 as an attachment with such fees.

SIGNATURE: *Joseph M. Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Day: Month: Year #

CR2E034 (10/97)