


FILED

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 23 1997 8:00am Secretary of State	
DOCUMENT # 320497 (1)					
1. Corporation Name F.P.I.S., INC.					
Principal Place of Business 220 STORY ROAD OCOE FL 34761-3006			Mailing Address 220 STORY ROAD OCOE FL 34761-3038		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1967	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 02/01/1996	
22. City & State		27. City & State		4. FEI Number 59-1172680	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. 34761-3096		25. USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MC PHERSON, BETTY J 220 STORY RD OCOE, FL 34761				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP S MIDDLETON, LINDA 5156 CREUSOT COURT ORLANDO, FL 00000				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ORLANDO, FL 32839	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP PD MC PHERSON, BETTY 313 MAC ARTHUR DR ORLANDO, FL 00000				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ORLANDO, FL 32839	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP VT MIDDLETON, MICHAEL 5156 CREUSOT COURT ORLANDO, FL 00000				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP VT MICHAEL MIDDLETON 1000 SOUTH MILLS AVENUE ORLANDO, FL 32806	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP V BUTLER, HAROLD 5326 CAVE SPRING LANE ROANOKE VA				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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es; and that my name
407-851-5986