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Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **379614** (1)

1. Corporation Name

PRACTICAL SYSTEMS, INCORPORATED

Principal Place of Business

11617 PROSPECT RD
ODESSA FL 33556
US

Mailing Address

11617 PROSPECT RD
ODESSA FL 33556
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1971

4. FEI Number

59-1346745

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JANKURA, J.E.
741 ANCLOTE ROAD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

J.E. JANKURA

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

11617 PROSPECT RD

83

84 City

ODESSA

FL

85 Zip Code

33556

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 ☐ DELETE

NAME
JANKURA, JUNE
STREET ADDRESS
520 S. WOODLANDS DR.
CITY-ST-ZIP
OLDSMAR FL

TITLE ☐ DELETE

NAME
MACARTNEY, WILLIAM
STREET ADDRESS
1676 LINCOLN AVE
CITY-ST-ZIP
UTICA, NY 14000

TITLE ☐ DELETE

NAME
MORRISON, D A
STREET ADDRESS
SPRUCE BROOK IND PARK
CITY-ST-ZIP
BERLIN, CONN 06000

TITLE ☐ DELETE

NAME
HERNANDEZ, G.P.
STREET ADDRESS
741 ANCLOTE ROAD
CITY-ST-ZIP
TARPON SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *JANKURA, J.E.* JANKURA

1-21-98 813-376-7900

CR2E034 (10/97)