

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **380536** (3)

1. Corporation Name

MODULAR SYSTEMS CORPORATION



Principal Place of Business

Mailing Address

**2059 BEACH WOOD VILLAS
AMELIA ISLAND PLANTATION
FERNANDINA BEACH FL 32034-6102**

**2059 BEACH WOOD VILLAS
AMELIA ISLAND PLANTATION
FERNANDINA BEACH FL 32034-6102**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**RHODES, R M
2059 BEACH WOOD VILLAS
FERNANDINA BEACH FL 32034**

3. Date Incorporated or Qualified

04/15/1971

3a. Date of Last Report

04/27/1995

4. FET Number

59-1348872

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent, Officer, or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RHODES, R M	
STREET ADDRESS	2059 BEACH WOOD VILLA	
CITY-STATE-ZIP	FERNANDINA BCH. FL	
TITLE	ST	☐ DELETE
NAME	RHODES, R L	
STREET ADDRESS	2059 BEACH WOOD VILLA	
CITY-STATE-ZIP	FERNANDINA BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied within this filing voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information appeared 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 beneficial owner or holder, or power 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 affidavit.

SIGNATURE:

R. M. Rhodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. M. RHODES, PRES

April 9, 1996

904-261-9675

PHONE NUMBER

CR2E034 (12/95)