

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M68290 (9)

1. Corporation Name
ACME SYKES, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**3808 SYDNEY RD
P O BOX 1780
PLANT CITY FL 33564-1780** **3808 SYDNEY RD
P O BOX 1780
PLANT CITY FL 33564-1780**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/15/1988	05/09/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-2871798	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANEE, ROBERT G. 2804 WEDGEWOOD DR. PLANT CITY FL 33567				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANEE, ROBERT G.	1.2 NAME	
STREET ADDRESS	2804 WEDGEWOOD DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANEE, CAROLYN H.	2.2 NAME	
STREET ADDRESS	2804 WEDGEWOOD DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLANT CITY FL	2.4 CITY - ST - ZIP	
TITLE	DD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, BOBBY R.	3.2 NAME	HEATH, BOBBY R.
STREET ADDRESS	208 VALENCIA CT NORTH	3.3 STREET ADDRESS	RETIRED
CITY - ST - ZIP	PLANT CITY FL	3.4 CITY - ST - ZIP	
TITLE	DT	4.1 TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOSEPH A.	4.2 NAME	MURPHY, JOSEPH A.
STREET ADDRESS	1010 CABBAGE PALM DR	4.3 STREET ADDRESS	4015 GENTRICK DR.
CITY - ST - ZIP	VALRICO FL	4.4 CITY - ST - ZIP	VALRICO FL
TITLE	D	5.1 TITLE	Vice President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRWIN, CHRISTOPHER	5.2 NAME	IRWIN, CHRISTOPHER
STREET ADDRESS	15443 PLANTATION OAKS #02	5.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THARPE, MELVIN D.	6.2 NAME	
STREET ADDRESS	RT. 2, BOX 2483-D3	6.3 STREET ADDRESS	
CITY - ST - ZIP	MELROSE FL 32668	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joseph A. Murphy **JOSEPH A. MURPHY, Vice President** 4/19/95 (813) 752-3137
Signature and typed or printed name of signing officer or director Date Telephone #