

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M68290** (9)
1. Corporation Name
ACME SYKES, INC.



Principal Place of Business: **3608 SYDNEY RD P O BOX 1780 PLANT CITY FL 33564-1780**
Mailing Address: **3608 SYDNEY RD P O BOX 1780 PLANT CITY FL 33564-1780**

3. Date Incorporated or Qualified: **02/15/1988**
3a. Date of Last Report: **04/24/1995**

| | | | | | | | |
|----|--------------------------------|----|---------------------|----|---|---|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FBI Number 59-2871798 | Applied For | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | 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 |

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 the filer (applicable) (Date of Registered Agent Signature required when name filing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------------|---|---|
| TITLE | DP | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANEE, ROBERT G. | 1.1 TITLE | |
| STREET ADDRESS | 2804 WEDGEWOOD DR. | 1.2 NAME | |
| CITY - ST - ZIP | PLANT CITY FL | 1.3 STREET ADDRESS | |
| | | 1.4 CITY - ST - ZIP | |
| TITLE | DS | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANEE, CAROLYN H. | 2.1 TITLE | |
| STREET ADDRESS | 2804 WEDGEWOOD DR. | 2.2 NAME | |
| CITY - ST - ZIP | PLANT CITY FL | 2.3 STREET ADDRESS | |
| | | 2.4 CITY - ST - ZIP | |
| TITLE | VPD | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURPHY, JOSEPH A. | 3.1 TITLE | |
| STREET ADDRESS | 4615 GENTRICE DR | 3.2 NAME | |
| CITY - ST - ZIP | VALRICO FL | 3.3 STREET ADDRESS | |
| | | 3.4 CITY - ST - ZIP | |
| TITLE | VPD | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IRWIN, CHRISTOPHER | 4.1 TITLE | |
| STREET ADDRESS | 15443 PLANTATION OAKS #02 | 4.2 NAME | |
| CITY - ST - ZIP | TAMPA FL | 4.3 STREET ADDRESS | |
| | | 4.4 CITY - ST - ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THARPE, MELVIN D. | 5.1 TITLE | |
| STREET ADDRESS | RT. 2, BOX 2483-D3 | 5.2 NAME | |
| CITY - ST - ZIP | MELROSE FL 32886 | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.1 TITLE | |
| STREET ADDRESS | | 6.2 NAME | |
| CITY - ST - ZIP | | 6.3 STREET ADDRESS | |
| | | 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** 4/22/96 (813) 752-3137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)