**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P40201

1. Corporation Name

FOREST EDP SYSTEMS, INC.

Mailing Address

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90058 026 \*\*\*150.00



Principal Place of Business 8383 BOCA GLADES BLVD. E. 8383 BOCA GLADES BLVD. E. **BOCA RATON FL 33434 BOCA RATON FL 33434** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/26/1992 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 56-1392362 Not Applicable 21 26 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes the current year Intangible Zip Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RIPPY, CAROLYN J. Street Address (P.O. Box Number is Not Acceptable) 8383 BOCA GLADES BLVD. E. **BOCA RATON FL 33434** Zip Code 84 City 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 Pfolda. 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 6870505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ Addition ☐ DELETE 1.1 TITLE Change TITLE RIPPY, CAROLYN J. NAME 1.2 NAME 8383 BOCA GLADES BLVD. E STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE RIPPY, JESSIE R 2.2 NAME NAME 8383 BOCA GLADES BLVD E. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE 3.1 TITLE TITLE NAME HAMRICK, JANE R. 3.2 NAME HAYNES BRIDGE ROAD 3.3 STREET ADDRESS STREET ADDRESS MOORESBORO NO 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ Addition DELETE [ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP \_\_ Addition DELETE 6.1 TITLE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplies with this limit does not dealing for the exemptor stated in 18 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 of on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)