

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008294 (8)

1. Corporation Name

HUMAN SYSTEMS DESIGN, INC.

Principal Place of Business

Mailing Address

226-5 SOLANO ROAD
SUITE 110
PONTE VEDRA BEACH FL 32082

226-5 SOLANO ROAD
SUITE 110
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/24/1994

4. FEI Number

59-3225612

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

2. Principal Place of Business

2a. Mailing Address

21 226-5 Solana Road

26 226-5 Solana Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 110

27 Suite 110

City & State

City & State

23 Ponte Vedra Beach

28 Ponte Vedra Beach

Zip

Country

Zip

Country

24 FL

25 32082

29 FL

30 32082

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORBES, PATRICIA C
226-5 SOLANO ROAD
SUITE 110
PONTE VEDRA BEACH FL 32082

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

(Signature typed, printed or stamped name of registered agent and address of agent)

(Signature typed, printed or stamped name of registered agent and address of agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
President
Patricia C. Forbes
137 Azalea Pt. Dr. N.
Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
Change Addition

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 I have changed, or on an office memorandum with an address.

SIGNATURE: Patricia C. Forbes Patricia C. Forbes

1/15/95

904-273-2976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TYPE

INITIALS