

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400034390 1. Corporation Name

MINUTEMAN SYSTEMS, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90088 029 ***150.00



Principal Place of Business 43 HARBOR POINT DR. CRAWFORDVILLE FL 32327 2. Principal Place of Business 2a. Mailing Address 25 City & State 26 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country Applied For Suite, Apt. #, etc. 21 City & State 22 Country Applied For Suite, Apt. #, etc. 25 Country Applied For Not Applicable 5. Certificate of Status Desired Fee Required Fee Required Added to Fees Added to Fees Trust Fund Contribution Added to Fees Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Added to Fees Added to Fees Added to Fees												
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28								6. Election Campaign Financing 55.00 May Be				
Zip				28				1 1 2				
9. Name and Address of Current Registered Agent ROSS, KINGSLEY R 43 HARBOR POINT DRIVE CRAWFORDVILLE FL 32327 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 diffice or registered agent at the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent and the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of changing its registered difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or registered agent and the 13 purpose of difficence or regist		Country Zip			´							
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ROSS, KINGSLEY R 43 HARBOR POINT DRIVE CRAWFORDVILLE FL 32327 14 City FL 18 Zip Code 11. Pursuant to the provisions of Sactions 807.0502 and 807 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, not accept the obligations of, Section 607,605, Florida's Statutes. SIGNATURE Signature, types or prefer trains of registered agent and cities if application. (NOTE Registered Agent agent and accept the obligations of, Section 607,605, Florida's Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PT ROSS, KINGSLEY 12 MANE ROSS, KINGSLEY 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-51-2P 14 CITY-51-2P 15 TITLE 16 CITY-51-2P 17 CRAWFORDVILLE FL 18 CITY-51-2P 18 CITY-51-2P 19 CHANGES 19 CHANGES 19 CHANGES 19 CHANGES 19 CHANGES 10 CHANGES		9. Name and Address of Currer	t Regi	stered Agent		04	Name	10. Name and Address of New Registo	erea A	gent		
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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 author/toxed by the corporation's board of directors. I hereby accept the appointment as registered directors in familier with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, types or printed name of registered agent and ties if applicable. (NOTE: Registered Agent agenture required when reinstating)					-	_						
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11. Pireuant to The provisions of Sections 607 (502 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 and the provision of the statutes. Signature						84	City		FI	85	Zip Co	de
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. Thereby accept the application is registered agent and accept the obligations of Section 607/0505, Piorida Statutes. SIGNATURE To FFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PT DELETE 1.1 ITILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. STREET ADDRESS CITY-ST-ZIP 43 HARBOR POINT DR. 1.3 STREET ADDRESS. CITY-ST-ZIP CRAWFORDVILLE FI. 1.4 CITY-ST-ZIP TITLE VPS	44 Bussiant	to the previous of Sections 607.050	2 and i	607 1508 Florida Statut	e the ah	076	a-named com	oration submits this statement for the nurno	se of c	hangin	a its re	aistered
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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 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 argonized with an address, with all other like empowered.

SIGNATURE: