

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90010 007 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P98000063712
 Corporation Name
SYSTEMS PROGRAMMING OF TALLAHASSEE, INC.



Principal Place of Business Mailing Address
 8 LEIGH READ ROAD 8008 LEIGH READ ROAD
 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Incorporated or Qualified	Applied For
07/20/1998	Not Applicable
4. FEI Number	Applied For
59-3524038	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 owes the current year Intangible Personal Property.	Yes No

9. Name and Address of Current Registered Agent
MEYER, JAMES B
1020 E LAFAYETTE ST, SUITE 103
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
IE		1.2 NAME	PRESIDENT
REET ADDRESS		1.3 STREET ADDRESS	THOMAS N MORGAN
ST-ZIP		1.4 CITY-ST-ZIP	6008 LEIGH READ RD
E	<input type="checkbox"/> DELETE	2.1 TITLE	TALLAHASSEE, FL 32308
IE		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
ST-ZIP		2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: *Thomas N Morgan* PRESIDENT 7-7-99 850 921 4493
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)