

DOCUMENT # P98000063712

FILED

00 FEB 28 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

SYSTEMS PROGRAMMING OF TALLAHASSEE, INC.

Principal Place of Business

Mailing Address

6008 LEIGH READ ROAD  
TALLAHASSEE FL 32308

6008 LEIGH READ ROAD  
TALLAHASSEE FL 32308-8928

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3524038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, JAMES B  
1020 E LAFAYETTE ST, SUITE 103  
TALLAHASSEE FL 32301

Name

Street Address (PO Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida

SIGNATURE

N/A  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature is required when the change is)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORGAN, THOMAS N	
STREET ADDRESS	6008 LEIGH READ RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii) Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Thomas N Morgan* THOMAS N MORGAN (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CD 02/28/00

KE