FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S01823** **(1)**

1. Corporation Name

PRO ACCESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
1308 NORTH WARD TAMPA FL 33607	1308 NORTH WARD TAMPA FL 33607

3. Date Incorporated or Qualified: **09/21/1990**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21 3508 Cherry Palm Dr.
Suite, Apt. #, etc.
22
City & State
23 Tampa, Florida
Zip 24 33619 Country 25 Hills.

2a. Mailing Address
26 3508 Cherry Palm Dr.
Suite, Apt. #, etc.
27
City & State
28 Tampa, Florida
Zip 29 33619 Country 30 Hills.

4. FEI Number: **59-3028478** ☐ 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

9. Name and Address of Current Registered Agent

RICE, DAVID
1308 N. WARD
TAMPA FL 33607

10. Name and Address of New Registered Agent

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 _____ (NOTE: New Registered Agent's signature required for written acceptance) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KENYON, TED F.		1.2 NAME		
STREET ADDRESS	11628 CARROLLWOOD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KENYON, MARY M.		2.2 NAME		
STREET ADDRESS	11628 CARROLLWOOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICE, DAVID		3.2 NAME		
STREET ADDRESS	220 LIMONA RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICE, DAWN		4.2 NAME		
STREET ADDRESS	220 LIMONA RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 changed), or on an attachment with an address.

SIGNATURE: Ted Kenyon 4/25/96 664 813-[illegible]-0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ted Kenyon