

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **S32879 (6)**
1. Corporation Name
SYSTEMSOURCE OF FLORIDA, INC.



Principal Place of Business
120 N. CONGRESS SUITE 420 JACKSON MS 39201-2605

Mailing Address
120 N. CONGRESS SUITE 420 JACKSON MS 39201-2605

3. Date Incorporated or Qualified: **03/01/1991**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **64-0796644** 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
21 **303 Brume Rd**
22 **Ridgeland, MS**
23 **39157**
24 **MS**

2a. Mailing Address
26 **303 Brume Rd.**
27 **Ridgeland, MS**
28 **39157**
29 **MS**

9. Name and Address of Current Registered Agent
**JOHNSON, BARBARA SUSAN
1101 GULF BREEZE PKWY.
SUITE 309
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Suite 336**
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.0608, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
12.1 TITLE	P	<input type="checkbox"/> DELETE	
12.2 NAME	TRAXLER, DAVID		
12.3 STREET ADDRESS	120 N. CONGRESS-SUT 420		
12.4 CITY, ST, ZIP	JACKSON MS		
12.5 TITLE	S	<input type="checkbox"/> DELETE	
12.6 NAME	LAMB, JEFF		
12.7 STREET ADDRESS	120 N. CONGRESS-SUT 420		
12.8 CITY, ST, ZIP	JACKSON MS		
12.9 TITLE		<input type="checkbox"/> DELETE	
12.10 NAME			
12.11 STREET ADDRESS			
12.12 CITY, ST, ZIP			
12.13 TITLE		<input type="checkbox"/> DELETE	
12.14 NAME			
12.15 STREET ADDRESS			
12.16 CITY, ST, ZIP			
12.17 TITLE		<input type="checkbox"/> DELETE	
12.18 NAME			
12.19 STREET ADDRESS			
12.20 CITY, ST, ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
13.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
13.2 NAME			
13.3 STREET ADDRESS	303 Brume Rd		
13.4 CITY, ST, ZIP	Ridgeland MS 39157		
13.5 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
13.6 NAME			
13.7 STREET ADDRESS	303 Brume Rd		
13.8 CITY, ST, ZIP	Ridgeland, MS 39157		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.10 NAME			
13.11 STREET ADDRESS			
13.12 CITY, ST, ZIP			
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.14 NAME			
13.15 STREET ADDRESS			
13.16 CITY, ST, ZIP			
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.18 NAME			
13.19 STREET ADDRESS			
13.20 CITY, ST, ZIP			

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)(g), 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. I am an officer or director of the corporation or the receiver or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Jeffrey F. Lamb* **Jeffrey F. Lamb** 1-31-96 601-853-8550

CR2E034 (12/95)