FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG 10 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **550063** **(2)**

1. Corporation Name
SYSTEMS RESOURCES, INC.

Principal Place of Business	Mailing Address
930 JENKS AVE PANAMA CITY FL 32402 US	930 JENKS AVE PANAMA CITY FL 32402 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 175 SEA SHORE DRIVE UNIT #1
City & State: 23 ST JOE BEACH
Zip: 24 32456 Country: 25 GULF

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 P.O. BOX 13637
City & State: 28 MEXCO BEACH FL
Zip: 29 32410 Country: 30 BAY

4. FEI Number: 59-1808914 ☐ 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

HINMAN, LEE M.
1510 BOTTLEBRUSH DR NE #4
PALM BAY FL 32905-0163

10. Name and Address of New Registered Agent

81 Name: LEE M HINMAN
82 Street Address (P.O. Box Number is Not Acceptable): 175 SEA SHORE DRIVE UNIT #1
83: ST JOE BEACH
84 City: FL 85 Zip Code: 32456

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: Lee M Hinman DATE: 6/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STV	1.1 TITLE	STV	☐ Change ☐ Addition
NAME	HINMAN, LEE M.	1.2 NAME	HINMAN, LEE M.	
STREET ADDRESS	930 JENKS AVE	1.3 STREET ADDRESS	P.O. BOX 13637	N/A
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	MEXCO BCH FL 32410	
TITLE	DP	2.1 TITLE	DP	☐ Change ☐ Addition
NAME	HINMAN, LEE M.	2.2 NAME	HINMAN, LEE M.	
STREET ADDRESS	930 JENKS AVE	2.3 STREET ADDRESS	P.O. BOX 13637	N/A
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	MEXCO BCH, FL 32410	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), Florida Statutes. I further certify that the information indicated on the 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: Lee M Hinman LEE M HINMAN 6/19/95 904-647-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030083 CP