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 # **613254** **(2)**

1. Corporation Name

MIS SOFTWARE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1349 CROSS CREEK WAY (32301) P.O. BOX 12566 TALLAHASSEE FL 32317	1349 CROSS CREEK WAY (32301) P.O. BOX 12566 TALLAHASSEE FL 32317

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business	2a. Mailing Address
21	26 8133 Baymeadows Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32256 / Country 30 Duval

4. FEI Number: 59-1912142 ☐ 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 Consolidated

9. Name and Address of Current Registered Agent

PARKER, ROBERT C JR
411 NORTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent Petition

81 Name: Davis, Jerry W
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8133 Baymeadows Way
84 City: Jacksonville FL 85 Zip Code: 32256

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: [signature] Jerry W Davis, President DATE: 4/30/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D P	☐ Change ☒ Addition
NAME	FISHBACK, EDWARD W., JR.		1.2 NAME	Davis, Jerry W	
STREET ADDRESS	4573 BERKLIE DR		1.3 STREET ADDRESS	8133 Baymeadows Way	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	S	☒ DELETE	2.1 TITLE	D V T	☐ Change ☒ Addition
NAME	FISHBACK, MEREDITH T		2.2 NAME	Wright, Anthony V.	
STREET ADDRESS	4573 BERKLIE DRIVE		2.3 STREET ADDRESS	8133 Baymeadows Way	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Jacksonville FL 32256	
TITLE	V	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	GLENN, JERRALL D.		3.2 NAME	Whitman, Paul S	
STREET ADDRESS	407 VINNEDGE DRIVE		3.3 STREET ADDRESS	8133 Baymeadows Way	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	V	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	LABOUNTY, VANCE H.		4.2 NAME	Fishback, Edward W JR	
STREET ADDRESS	4596 BERKLIE DR		4.3 STREET ADDRESS	1349 Cross Creek Way	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WINTERS, DONALD E.		5.2 NAME		
STREET ADDRESS	2005 LEE AVE.		5.3 STREET ADDRESS	200001836472	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP	-05/23/96--01020--027	
TITLE		☐ DELETE	6.1 TITLE	***200.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5-22-96 JR

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: [signature] Secretary Paul S Whitman 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 904-727-8455