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 # **622512** **(2)**

1. Corporation Name

NCA SYSTEMS, INC.

Principal Place of Business	Mailing Address
2180 CALUMET ST PO BX 6125 CLEARWATER FL 34625 US	PO BX 6125 CLEARWATER FL 34618 US

3. Date Incorporated or Qualified: **06/01/1979**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-1912775** ☐ 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

2. Principal Place of Business
21
Street Address, Apt. #, etc.
22
City, State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address, Apt. #, etc.
27
City, State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BOYDSTUN, C BRYANT, JR
2600 9TH ST N
ST PETERSBURG, FL
33704

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 Section 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. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE: PST ☐ DELETE
NAME: CAPEL, BOBBY G
STREET ADDRESS: 995 MONTE CRISTO BLVD
CITY-ST-ZIP: TEIRRA VERDE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
7 NAME
8 STREET ADDRESS
9 CITY-ST-ZIP

CR2E034 (12/95)

14. I 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)(i), 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 attached amendment, with my address.

SIGNATURE: Bobby G. Capel - BOBBY G. CAPEL 1/14/96 813-441-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number