## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU!	MENT # 643327	7 (0)	)				
SIMPLIF	FIED MANAGEMENT SYSTE	EMS CO.			 		
Principal Plac	e of Business	Mailing Address			T HOUSE BARN BOURE HIRE HIRE HERN LEDE DOON DEUN BIRN BIRN BIRN DEUN		
P O BOX 14302 P. O. BOX 14302 JACKSONVILLE FL 32238		P O BOX 14302 P. O. BOX 14302 JACKSONVILLE FL 32238-1302			Date Incorporated or Qualified		
2 Procural P	hace of Business	2a. Mailing Addre	)ee		10/29/1979 4. FEI Number	04/16/1996 Applied For	
21		26		59-1947086	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		[27]				Fee Required	
City & Stat	e.	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip.	Country	Zip	Coi	untry	8. This corporation has liability for		
24	25	29	30		Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New R	egistered Agent	
	RPHY, RICHARD W V JR						
	9 TIMUQUANA ROAD CKSONVILLE, FL		82 Street		Address (P.O. Box Number is Not Accepta	ible)	
322	•	83		83			
				84 City		FL 85 Zip Code	
	to the provisions of Sections 607.05 registered agent or both, in the State im familiar with land accept the oblig	02 and 607.1508, Florid e of Florida. Such chang gations of Section 607.0	a Statules, the a ge was authorize 0505, Florida Sta	bove-named or by the corp tutes.	corporation submits this statement for the oration's board of directors. I hereby acco	purpose of changing its registered ept the appointment as registered	
SIGNATURE	Show after integral or province manner of registered ag	ent and title (Lappicable.	(NOTE: Registere	d Agent signature	required when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TILE	PD MIDDLY DICHARD W V	L_] DE		į.		Change Addition	
STREET ADDRESS.	MURPHY, RICHARD W. V. 2454 CEDAR SHORES CIR		1.2 N	TREET ADDRESS			
COY-SL ZIP	JACKSONVILLE FL			HTY-ST-ZIP			
TillE		DE			COLUMN TO THE PARTY OF THE PART	Change Addition	
NAME			2.2 N	AME			
STREET ALERESS				TREET ADDRESS		•	
CITA-21 St.		I DE	2. 4 t LETE 3.1 T	CITY-ST-ZIP		☐ Change ☐ Addition	
NAM:			3.1 7			E Sum de El vadition	
STREET ADORESS				TREET ADDRESS			
CHY+\$1-702			3 4. 6	CITY+ST-ZIP			
TITUE		□ DE	LETE 41T	ITLE		Change Addition	
NAV:				NAME.			
STREET ADDRESS				TREET ADDRESS			
TIFLE		□ DE		ITY-\$T-ZIP		Change Addition	
NAME			5.2 N	J			
STEHL LADORESS				TREET ADDRESS			
CiTY+ST_ZiP				ITY-S1-ZIP			
11111		DEI	LETE 6.1 T	ITLE		☐ Change ☐ Addition	
NAM:		·	6.2 N				
STREET ADDRESS			6.3 \$	TREET ADDRESS			

14. I do hereby certify that the information supplied with this filing 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 eath; 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. HARDURMURPHYAr 2Apr94 7863639

6.4 DITY - ST - ZIP