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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:19

DOCUMENT # **678359** **(1)**

1. Corporation Name
A.F.C. SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
1902 71ST ST N., TAMPA, FL 33619 P. O. BOX 906 BRANDON FL 33509-0906	1902 71ST ST N., TAMPA, FL 33619 P. O. BOX 906 BRANDON FL 33509-0906

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1980
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2011904 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, ROBERT T.
1913 LAKEVIEW DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 821 WHITE HERON BLVD.
83:
84 City: RUSKIN FL 85 Zip Code: 33570

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 _____ DATE
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	P	1.1 TITLE	CEO	☐ Change ☐ Addition
NAME	ANDERSON, ROBERT T	1.2 NAME		
STREET ADDRESS	821 WHITE HERON BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	SR VP	☑ Change ☐ Addition
NAME	ANDERSON, ROBERT B	2.2 NAME		
STREET ADDRESS	1513 SPITZ COURT	2.3 STREET ADDRESS	13011 GLENEAGLES PLACE	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	VP	3.1 TITLE	PRES	☐ Change ☐ Addition
NAME	ANDERSON, DAVID T	3.2 NAME		
STREET ADDRESS	11335 MCMULLEN LOOP	3.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	1ST VP	☐ Change ☐ Addition
NAME	ANDERSON, JEFFERY C	4.2 NAME		
STREET ADDRESS	5802 MILEY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	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)(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 attachment with an address.

SIGNATURE: Robert T. Anderson ROBERT T. ANDERSON 1/24/95 (813) 622-7834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D480044 FP