

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90059 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 678359**

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

Principal Place of Business  
**8020 E BROADWAY  
 TAMPA FL 33619  
 US**

Mailing Address  
**8020 E BROADWAY  
 TAMPA FL 33619  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25** **29** **30**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country

3. Date Incorporated or Qualified  
**07/15/1980**

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**ANDERSON, DAVID T.**  
~~41335 MCMULLEN LOOP RIVERVIEW FL 33569~~  
**5980 5622 ROCKFORD LOOP VALRICO, FL 33594**

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 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 *David T. Anderson* DATE **4/30/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | CEO   | <input type="checkbox"/> DELETE |
| NAME           | ANDERSON, ROBERT T  |                                 |
| STREET ADDRESS | 821 WHITE HERON BLVD.   |                                 |
| CITY-ST-ZIP    | RUSKIN FL   |                                 |
| TITLE          | P   | <input type="checkbox"/> DELETE |
| NAME           | ANDERSON, DAVID T   |                                 |
| STREET ADDRESS | <del>41335 MCMULLEN LOOP RIVERVIEW FL</del> <b>5622 ROCKFORD LOOP VALRICO, FL 33594</b> |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          | FVP   | <input type="checkbox"/> DELETE |
| NAME           | ANDERSON, JEFFERY C   |                                 |
| STREET ADDRESS | 5802 MILEY ROAD   |                                 |
| CITY-ST-ZIP    | PLANT CITY FL   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> DELETE |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY-ST-ZIP     |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I 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 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, with all other like empowered.

SIGNATURE: *David T. Anderson* DATE **4/30/99** DAYTIME PHONE # **(813) 622-7834**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)