

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 # 693498 (8)

1. Corporation Name

SYSTEM ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~TYRA, T.D. JR.~~
4 OLD POST RD.
LONGWOOD FL 32779

~~TYRA, T.D. JR.~~
4 OLD POST RD.
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 21500 SW 10th St.

22 City & State

27 City & State
28 DUNNELLO, FL

23 Zip Country

29 34431 30 Country

3. Date Incorporated or Qualified
07/07/1981

3a. Date of Last Report
08/18/1995

4. FEI Number
59-2109206

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYRA, T.D. JR.
4 OLD POST RD.
LONGWOOD FL 32779

81 Name T.D. TYRA, JR., PRES.
82 Street Address (P.O. Box Number is Not Acceptable)
21500 SW 10th ST
83
84 City DUNNELLO FL 85 Zip Code 34431

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

T.D. Tyra, Jr., Pres.

4-30-96

Signature, typed or printed name of registered agent, title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P TYRA, THOMAS D JR
STREET ADDRESS	4 OLD POST RD.
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	S TYRA, JOYCE L
STREET ADDRESS	4 OLD POST RD.
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P T.D. TYRA, JR
1.3 STREET ADDRESS	21500 SW 10th ST.
1.4 CITY-ST-ZIP	DUNNELLO, FL 34431
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S JOYCE L. TYRA
2.3 STREET ADDRESS	21500 SW 10th ST.
2.4 CITY-ST-ZIP	DUNNELLO, FL 34431
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 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: T.D. Tyra, Jr., Pres. 4-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)