

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90207 007 \*\*\*150.00

DOCUMENT # F19156

1. Corporation Name

STORAGE SYSTEMS ENGINEERING, INC.

Principal Place of Business

% DORIS LOUISE MOHRMAN  
3000 WEST 45TH STREET  
JACKSONVILLE FL 32209-2722

Mailing Address

% DORIS LOUISE MOHRMAN  
3000 WEST 45TH STREET  
JACKSONVILLE FL 32209-2722



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1981

4. FEI Number

59-2055618

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MORHMAN, DORIS LOUISE  
3000 WEST 45TH STREET  
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name LEROY D MOHRMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
3000 W 45TH STREET  
83  
84 City JACKSONVILLE FL 85 Zip Code 32209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOHRMAN, DORIS L.	
STREET ADDRESS	3000 W 45TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOHRMAN, LEROY D.	
STREET ADDRESS	3000 W 45TH ST	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOHRMAN, DIETRA J.	
STREET ADDRESS	3000 W. 45TH STREET	
CITY-ST-ZIP	JACKSONVILLE 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOHRMAN, LEROY D	
1.3 STREET ADDRESS	3000 W 45TH STREET	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOHRMAN, KEVIN D	
2.3 STREET ADDRESS	3000 W 45TH STREET	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOHRMAN, BRETT T	
3.3 STREET ADDRESS	3000 W 45 TH STREET	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209	
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 M. Butler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

904-764-7662

Daytime Phone #

CR2E034 (11/98)