

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F20104 (8)
1. Corporation Name
RESOURCE SYSTEMS, INC.



Principal Place of Business

Mailing Address

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

~~T. D. TYRA 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 DUNNELLON, FL

23 Zip

Country

28 Zip

Country

24

25

29 34431

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/17/1981

3a. Date of Last Report
08/17/1995

4. FEI Number
59-2066160

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

TYRA, T D JR
4 OLD POST ROAD
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name T. D. TYRA, JR., V. Pres.
82 Street Address (P.O. Box Number is Not Acceptable)
21500 SW 10th St.
83
84 City DUNNELLON 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., V. Pres.

4-30-96

Signature typed or printed with name of registered agent and title (if any)

(NOTE: Registered Agent's signature required when not stating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
V	TYRA, THOMAS D.	4 OLD POST ROAD	LONGWOOD FL	
S	TYRA, JOYCE L	4 OLD POST ROAD	LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	T. D. TYRA, JR.	21500 SW 10th St.	DUNNELLON, FL 34431	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	JOYCE L. TYRA	21500 SW 10th St.	DUNNELLON, FL 34431	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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., V. Pres. 4-30-96

Signature typed or printed with name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)