

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

FILED  
Feb 01 1996 8:00 am  
Secretary of State

DOCUMENT # **F35065** (4)  
1. Corporation Name  
**OPENWARE TECHNOLOGIES, INC.**



Principal Place of Business Mailing Address  
**8000 ARLINGTON EXPRESSWAY, STE 600**  
**JACKSONVILLE FL 32211**  
**US**

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

3. Date Incorporated or Qualified **05/06/1981** 3a. Date of Last Report **07/12/1995**  
4. FEI Number **59-2138426** 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

**ELLERTSON, JAIME W**  
**8000 ARLINGTON EXPRESSWAY**  
**SUITE 600**  
**JACKSONVILLE FL 32211**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
FOSTER, FRANK  
STREET ADDRESS **8000 ARLINGTON EXPWY 600**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000 32211**  
TITLE ☐ DELETE  
NAME **D**  
STAMP ROWE  
STREET ADDRESS **8000 ARLINGTON EXPRESSWAY STE. 600**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**  
TITLE ☐ DELETE  
NAME **CDS**  
ELLERTSON, JAIME W  
STREET ADDRESS **8000 ARLINGTON EXPWY 600**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**  
TITLE ☐ DELETE  
NAME **D**  
KILE, NOLE  
STREET ADDRESS **8000 ARLINGTON EXPRESSWAY STE. 600**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**  
TITLE ☐ DELETE  
NAME **D**  
ROBERTS, TOM Tom  
STREET ADDRESS **8000 ARLINGTON EXPRESSWAY STE. 600**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**  
TITLE ☐ DELETE  
NAME **P**  
PAYNE, TIM  
STREET ADDRESS **8000 ARLINGTON EXPRESSWAY STE. 600**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Payne

1/25/96 (904) 725-7187

Date

Daytime Phone #

CR2E034 (12/95)