

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 # F58033

(4)

1. Corporation Name

NORTHWEST SYSTEMS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
12/11/1981

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

2. Principal Place of Business

2a. Mailing Address

21 26 21500 SW 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
DUNNELLON, FL

23 Zip Country

28 Zip Country

24 25 34431

29 30 34431

4. FEI Number

59-2164482

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 ROAD
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 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., Pres.

4-30-96

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME TYRA, THOMAS D
STREET ADDRESS 4 OLD POST ROAD
CITY-ST-ZIP LONGWOOD FL

TITLE S ☐ DELETE

NAME TYRA, JOYCE L
STREET ADDRESS 4 OLD POST ROAD
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME T. D. TYRA, JR.
1.3 STREET ADDRESS 21500 SW 10th St.
1.4 CITY-ST-ZIP DUNNELLON, FL 34431

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME JOYCE L. TYRA
2.3 STREET ADDRESS 21500 SW 10th St.
2.4 CITY-ST-ZIP DUNNELLON, FL 34431

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: 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)