FROM: POWER.BOWEN.URLIMONT FAX NO.: 215 345 7597

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

FILED
Apr 29 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1999**

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

**DOCUMENT #**

1. Corporation Name: F99000002424

Housley Information Systems, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 28051 US Hwy 19 North<br>Suites A & B<br>Clearwater, FL 33761 | 28051 US Hwy 19 North<br>Suites A & B<br>Clearwater FL 33761 |

04/29/99 90281 050 150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Inc. April 20, 1998

2. Principal Place of Business 21 | 2a. Mailing Address 26

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27

City & State 23 | City & State 28

Zip 24 Country 25 | Zip 29 Country 30

4. FEI Number: 59-3517073 ☐ 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

7. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

Michael L. Housley
28051 US Hwy 19 North, Suites A & B
Clearwater, FL 33761

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres., Sec. & Treas.<br>Michael L. Housley<br>28051 US Hwy 19 N, Ste. A&B<br>Clearwater, FL 33761 ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>Ross L. Housley<br>63 Church Rd.<br>Malvern, PA 19355 ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | LS ☐ Change ☐ Addition |

CR2E084 (11/98)

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/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:** _____ 4.22.99 727-726-7224
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ATF-FL3236F.1

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