FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 3:12

DOCUMENT # **G50094** **(3)**

1. Corporation Name
MATRIX SYSTEMS, INC.

Principal Place of Business	Mailing Address
14750 BEACH BLVD. #79 P.O. BOX 51556 JACKSONVILLE FL 32250	14750 BEACH BLVD. #79 P.O. BOX 51556 JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/11/1983**
3a. Date of Last Report: **05/01/1994**

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: **59-2341883** ☐ 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

MATTHES, WALTER L.
14750 BEACH BLVD. #79
JACKSONVILLE BCH. FL 32250

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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MATTHES, WALTER L.	1.2 NAME	
STREET ADDRESS	14750 BEACH BLVD. #79	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MATTHES, DAVID J.	2.2 NAME	
STREET ADDRESS	14750 BEACH BLVD. #79	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MATTHES, MAUREEN D.	3.2 NAME	
STREET ADDRESS	14750 BEACH BLVD. #79	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, CHARLES H.	4.2 NAME	
STREET ADDRESS	9430 BRIGHTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELBERTA AL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, RONALD H	5.2 NAME	
STREET ADDRESS	900 FOX VALLEY DR. 207	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	DELOACH, ROBERT E	6.2 NAME	
STREET ADDRESS	650 WIMBLEDON DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	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)(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.

SIGNATURE: WALTER L. MATTHES Walter L. Matthes 1/11/95 904-223-1955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

0024827 CP