4-13-95 B-3404-C

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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 APR 13 PM 2:58

DOCUMENT # **G93751** **(7)**

1. Corporation Name

TECHNICAL SYSTEMS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% EUGENE P. AUGUSTIN ~~2713 LEMON TREE LANE~~ ~~ORLANDO FL 32830-1051~~ US	1900 CENTRAL FL PKWY ~~2713 LEMON TREE LANE~~ ORLANDO FL 32837 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/23/1984	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 1900 CENTRAL FL. RKWY	26 1900 CENTRAL FL. PKWY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip 24 32837 Country 25 U.S.A.	Zip 29 32837 Country 30 U.S.A.

4. FEI Number 59-2403087 ☐ 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
AUGUSTIN, EUGENE P. 2713 LEMON TREE LANE ORLANDO FL 32809	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 required for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	AUGUSTIN, EUGENE P.	12 NAME	
STREET ADDRESS	2713 LEMON TREE LANE	13 STREET ADDRESS	5515 TURKEY LAKE RD.
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	ORLANDO, FL 32819
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	AUGUSTIN, TERRYMAY S.	22 NAME	
STREET ADDRESS	2713 LEMON TREE LANE	23 STREET ADDRESS	5515 TURKEY LAKE RD.
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO, FL 32819
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is substantially 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: _____ 1/24/95 (407) 857-3235
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR TITLE OF OFFICER OR DIRECTOR — Date — (Daytime Phone #)
EUGENE P. AUGUSTIN, PRESIDENT

0418342 FP