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



Katherine Harris

COR ANNU	PROFIT RPORATION JAL REPORT JAL REPORT DIVISION OF CO			ne Harri y of State	• Harris of State		Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90029 035 ***150.00		
1. Corporation	MENT # H35 AGEMENT SYSTEMS								
Principal Place of Business 1612 N PACE BLVD PENSACOLA FL 32505 US		1612	Mailing Address 1612 N PACE BLVD PENSACOLA FL 32505 US				DO NOT WRITE IN THIS :		
2. Principal Pl	ace of Business	2a. !	Mailing Address				12/20/1984 4. FEI Number		lied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.	,		<u></u>	59-2177318	\$8.75 Ac	Applicable dditional uired
City & State		28	City & State	C			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip 24	25 9. Name and Address	29	red Agent	Goun		1	This corporation owes the current year Inta Personal Property Tax. Name and Address of New Registered A	Yes [□No
CLAYTON, RICHARD C. 1612 N PACE BLVD PENSACOLA FL 32505					82 Street A	Addres	diac C Clayton ss (P.O. Box Number is Not Acceptable) O DUNTY IES Rd Sacula 1 FL	85 Zio Co	ode
11. Pursuant office or r agent. I a	to the provisions of Section egistered agent, or both, in m familiar with, and accept	s 697,0502 and 60 the State of Florida the obligations of,	ner	16	and in	corpor oration	ration submits this statement for the purpose of or its board of directors. I hereby accept the appoint	changing its rutment as seg	egistered istered
	Signature, typed or printed name of re		<u> </u>	Registered A	gent signature re	equired v	ADDITIONS/CHANGES TO OFFICERS AND	O DIRECTOR	2S IN 12
TITLE NAME	DP CLAYTON, RICHARD O 1612 N PACE BLVD	CERS AND DIREC	SOELETE	1.1 TITE 1.2 NAA	E ME REET ADDRESS	DBr	andive collection	☐ Change	∑ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	PENSACOLA FL		☐ DELETE		Y-ST-ZIP	Pé	ensacola A 32	503 Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					ME REET ADDRESS Y-ST-ZIP			5 - E	
TITLE NAME			☐ DELETE	3.1 TITU 3.2 NAJ	.E			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE		Y-ST-ZIP _E			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	,		☐ DELETE	4.3 STF	REET ADDRESS Y-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADORESS				5.2 NA/ 5.3 STF				-	
CITY-ST-ZIP			□ DELETE	6.1 TITI				Change	Addition

6.4 CITY-\$T-ZIP CITY-ST-ZIP 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 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 changes, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS