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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H76758 (2)  
1. Corporation Name  
SELF FUNDING SYSTEMS, INC.



Principal Place of Business  
136 W. NEW YORK AVE.  
SUITE 5  
DELAND FL 32720  
US

Mailing Address  
P.O. BOX 788  
DELAND FL 32721-0788  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
09/18/1985

3a. Date of Last Report  
02/05/1996

4. FEI Number  
59-2579830

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

LAURIE, LAURA L  
18 LAKE STREET  
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name William T. Laurie  
82 Street Address (P.O. Box Number is Not Acceptable)  
18 N. Lake Street  
83  
84 City Crescent City FL 85 Zip Code 32112

11. Pursuant to the provisions of Section 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *William T. Laurie* William T. Laurie 4/4/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	LAURIE, WILLIAM T	
STREET ADDRESS	164 RIDGE LAKE ROAD	
CITY-ST-ZIP	LAKE COMO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LAURIE, LAURA L	
STREET ADDRESS	164 RIDGE LAKE ROAD	
CITY-ST-ZIP	LAKE COMO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, JAMES H	
STREET ADDRESS	1250 LANCELOT WAY	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PURKAPILE, STEVEN S	
STREET ADDRESS	203 FISHER PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REITER, STUART A	
STREET ADDRESS	360 UNION AVENUE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	18 N. Lake Street
1.4 CITY-ST-ZIP	Crescent City FL 32112
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	25052 Derby Drive
4.4 CITY-ST-ZIP	Sorrento, FL 32776
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *James H. Kirkpatrick* JAMES H. KIRKPATRICK, President, SELF FUNDING SYSTEMS, INC. 4/4/97

CR2E034 (9/96)