

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90057 016 ***150.00

DOCUMENT # **H96250**

1. Corporation Name
TMESYS, INC.

Principal Place of Business

**3611 QUEEN PALM WAY
TAMPA FL 33619
US**

Mailing Address

**3611 QUEEN PALM DR
TAMPA FL 33619
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1986

4. FEI Number

59-3143128

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

2. Principal Place of Business

21 175 Kelsey Lane

2a. Mailing Address

26 175 Kelsey Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip Country
24 33619 25 US

Zip Country
29 33619 30 US

9. Name and Address of Current Registered Agent

**NRRI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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

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	C	<input checked="" type="checkbox"/> DELETE
NAME	SILBER, ALLAN	
STREET ADDRESS	130 KING ST W	
CITY-ST-ZIP	TORONTO CA M5X 1	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PERLIS, MORRIS	
STREET ADDRESS	130 KING ST W	
CITY-ST-ZIP	TORONTO CA M5X 1	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	RENSCHLER, C. ARNOLD	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	EVPC	<input type="checkbox"/> DELETE
NAME	DELLA VALLE, BOB	
STREET ADDRESS	9901 E VALLEY RANCH PKWY STE 3001	
CITY-ST-ZIP	IRVING TX 75063	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GERLACH, JERRY	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	HOFMEISTER, TOM	
STREET ADDRESS	3611 QUEEN PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David R. Banks	
1.3 STREET ADDRESS	5111 Robers Ave - #40-A	
1.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boyd W. Hendrickson	
2.3 STREET ADDRESS	5111 Rogers Avenue #40-A	
2.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	175 Kelsey Lane	
3.4 CITY-ST-ZIP	Tampa, FL 33619	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP/Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	175 Kelsey Lane	
5.4 CITY-ST-ZIP	Tampa, FL 33619	
6.1 TITLE	VP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David Redmond	
6.3 STREET ADDRESS	175 Kelsey Lane	
6.4 CITY-ST-ZIP	Tampa, FL 33619	

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 changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

David R. Banks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (813) 626-7788

CR2E034 (11/98)