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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 FEB -3 PM 12:13

DOCUMENT # **H99148** **(9)**

1. Corporation Name
SUNBELT SYSTEMS CONCEPTS, INC.

Principal Place of Business	Mailing Address
% T.L. TRIMBLE 2400 BEDFORD ROAD ORLANDO FL 32803	% T.L. TRIMBLE 2400 BEDFORD ROAD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/07/1986**
3a. Date of Last Report: **03/11/1994**

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: **59-2645801** ☐ 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

TRIMBLE, T.L.
2400 BEDFORD ROAD
ORLANDO FL 32803

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/C/P	☒ Change ☐ Addition
NAME	BLAIR, MARDIAN J.	12 NAME	Blair, Mardian J.	
STREET ADDRESS	1132 DORCHESTER	13 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	WEISS, TITO	22 NAME	Jernigan, Donald J.	
STREET ADDRESS	212 SPRINGSIDE DRIVE	23 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	P	31 TITLE	V/D	☒ Change ☐ Addition
NAME	BLANCO, RAFAEL	32 NAME	Bohannon, Donald J.	
STREET ADDRESS	505-101 VIA DELL ORO	33 STREET ADDRESS	601 E. Rollins St.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Werner, Thomas L.	
STREET ADDRESS		43 STREET ADDRESS	601 E. Rollins St.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Wiese, Calvin	
STREET ADDRESS		53 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP		54 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		61 TITLE	S/T	☐ Change ☒ Addition
NAME		62 NAME	Grove, Homer N.	
STREET ADDRESS		63 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP		64 CITY-ST-ZIP	Orlando, FL 32803	

JR 2-3

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify as an exception listed in s. 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: Homer N. Grove, Secretary 01-25-95 407-897-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Homer N. Grove, Secretary-Treasurer

D00447B CP