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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J13026

(6)

1. Corporation Name  
SYSTEM 3X-PERTS, INC.



Principal Place of Business

811 N FORBES RD  
PLANT CITY FL 33567  
US

Mailing Address

C/O JAMES M. SHUMAKER  
311 N. FORBES ROAD  
PLANT CITY FL 33567-8415  
US

2. Principal Place of Business

21 315 N. Forbes Rd

2a. Mailing Address

26 315 N. Forbes Rd

Suite, Apt. #, etc.

22 P

Suite, Apt. #, etc.

27

23 City & State  
Plant City FL

28 City & State  
Plant City FL

24 Zip  
33567-8415

29 Zip  
33567-8415

25 Country  
US

30 Country  
US

9. Name and Address of Current Registered Agent

SHUMAKER, JAMES M.  
311 N. FORBES RD.  
PLANT CITY FL 33567

3. Date Incorporated or Qualified

05/06/1986

3a. Date of Last Report

02/09/1996

4. FEI Number

59-2678513

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

10. Name and Address of New Registered Agent

81 Name Shumaker, James M.

82 Street Address (P.O. Box Number is Not Acceptable)

315 N. Forbes Rd

83

84 City Plant City

85 Zip Code FL 33567-8415

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's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME SHUMAKER, JAMES M.  
STREET ADDRESS 311 N. FORBES RD  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

VST  
NAME SHUMAKER, DEANNA K.  
STREET ADDRESS 311 N. FORBES RD.  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
1.2 NAME Shumaker, James M.  
1.3 STREET ADDRESS 315 N. Forbes Rd  
1.4 CITY-ST-ZIP Plant City, FL 33567-8415

2.1 TITLE ☒ Change ☐ Addition

VST  
2.2 NAME Shumaker, Deanna K.  
2.3 STREET ADDRESS 315 N. Forbes Rd  
2.4 CITY-ST-ZIP Plant City, FL 33567-8415

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 Deanna K. Shumaker, Deanna K. Shumaker, James M. Shumaker (813) 335-8415

CR2E034 (9/96)