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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 13 1998 8:00am

Secretary of State

813

757-9841

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

DOCUMENT # J13026

SYSTEM	/ 3X-PERTS, INC.				
Principal Place	of Business	Mailing Address		- I INTAIN DIN 1188 1444 8340 1444 844 8164	O I DATA OLIVATA OLIVATA OLIVATA LUOT
315 N FORBES RD PLANT CITY FL 33567-8415 US		315 N FORBES RD 311 N. FORBES ROAD PLANT CITY FL 33567-8415		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
		US			
2. Principal Piace of Business		2a. Mailing Address		<b>05/06/1986 4.</b> FEI Number	Applied For
21	Di Distrikasi	26 315 N. For	bes Rol	59-2678513	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Plant City	FL	Trust Fund Contribution	Added to Fees
Zip	Country	33567-8415	Country	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	e current year Intangible
24	25 Name and Address of Current		301 265	10. Name and Address of New Registe	
Total Control of the				10.	
SHUMAKER, JAMES M 315 N FORBES RD PLANT CITY FL 33567			20 00 - 11 0 - 11	82 Street Address (P.O. Box Number is Not Acceptable)	
			82 Street Addr		
			83		
			84 City		85 Zip Code
	<u>.</u>				FL 8 210 bode
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		A COLOR OF THE COL	5		TF
		Registured Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS		
1ITLE	P	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO CONTRETE	Change Addition
NAME	SHUMAKER, JAMES M.		1.2 NAME		
STREET ADDRESS	315 N FORBES RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY - \$1 - ZIP		
TOLE	VST	DELETE	2.1 TITLE		Change Addition
NAME	Shumaker, Deanna K.		2 2 NAME		
STREET ADDRESS	315 N FORBES RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2. 4 DITY-ST-ZIP		
TITLE		∐ DELETE	3.1 TITLE		Change  Addition
NAME			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-2#* 4.1 TITLE		Change Addition
NAME		[ ] DELETE	4.1 TITLE 4.2 NAME		CT CHRING CT MODIBUIL
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 NTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - 2IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-S1-ZIP		
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this 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					

Deanna K Shumater