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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 28 AM 11:51

DOCUMENT # **J93578** **(9)**

1. Corporation Name
CLI SYSTEMS, INC.

Principal Place of Business	Mailing Address
22051 US 19 N. CLEARWATER FL 34625-2342	22051 US 19 N. CLEARWATER FL 34625-2342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/18/1987**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-2980687** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEWIS, DONALD P.
1624 HERMOSA DR.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: Wayne L. Long
82 Street Address (P.O. Box Number is Not Acceptable): 22051 U.S. Hwy 19 N
83
84 City: Clearwater, Fl **FL** 85 Zip Code: 34625

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: Wayne L. Long — 3/22/95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	LEWIS, DONALD P.	12 NAME	General Manager
STREET ADDRESS	1624 HERMOSA DR	13 STREET ADDRESS	Wayne L. Long
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	22051 U.S. Hwy 19 N Clearwater, Fl 34625
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	MESSENGER, GINA M.	22 NAME	ST
STREET ADDRESS	22051 US 19 NORTH	23 STREET ADDRESS	Toshiya Murase
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	22051 U.S. Hwy 19 N Clearwater, Fl 34625
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BAILEY, CLIVE R	32 NAME	
STREET ADDRESS	22051 US 19 NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wayne L. Long — 3-22-1995 — 813-726-5157
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0370648 CP