

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L24220** (0)
1. Corporation Name
NEW HORIZONS SYSTEM CONSULTING INC.

Principal Place of Business
**105 WEST FIFTH AVE
TALLAHASSEE FL 32303
US**

Mailing Address
**105 WEST FIFTH AVE
TALLAHASSEE FL 32303
US**

FILED
Jul 13 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **same as above**
Suite, Apt. #, etc.
22
City & State
23
Zip
24 Country
25

2a. Mailing Address
26 **same as above**
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified
10/20/1989

4. FEI Number
59-2978495

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**SHACKELFORD, LORNE A.
3219 THOMASVILLE RD 1-A
TALLAHASSEE FL 32312**

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 **PD** ☐ DELETE
NAME **SHACKELFORD, LORNE A.**
STREET ADDRESS **3219 THOMASVILLE RD 1-A**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **SHACKLEFORD, LYNDA G**
STREET ADDRESS **3219 THOMASVILLE RD UNIT 1-A**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **OTS** ☐ DELETE
NAME **COMBS, DAVID S**
STREET ADDRESS **5418 LAWTON CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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

Please call if
any questions
I spoke to a Carolyn
she had me mail
this since I did
not receive that first

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-07/14/98--01027--049
*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

[Signature]

7/6/96 **800 722 0555**

CR2E034 (5/98)