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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 APR 11 PM 9:33

DOCUMENT # L58407 (2)

1. Corporation Name
MODERN INVENTORY MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 1790~~ ~~CHIEFLND FL 32626~~ 1225 SE 4th St	P.O. BOX 1790 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1990	3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-3007890	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1225 SE 4th St	26 5310 Penn Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Chiefland, Fl	City & State 28 Jacksonville Fl
Zip 24 / Country 25 Levy	Zip 29 32207 / Country 30 Duval

9. Name and Address of Current Registered Agent

MIMS, A.J.
1225 S.E. 4TH ST
CHIEFLND FL 32626

10. Name and Address of New Registered Agent

81 Name: A J Mims
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5310 Penn Cir
84 City: Jacksonville FL 85 Zip Code: 32207

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	MIMS, A.J.	1.2 NAME	A J Mims
STREET ADDRESS	~~1225 SE 4TH ST~~ 5310 Penn Circle	1.3 STREET ADDRESS	5310 Penn Circle
CITY-ST-ZIP	~~CHIEFLND FL~~ Jax, Fl 32207	1.4 CITY-ST-ZIP	Jax, Fl 32207
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: A.J. Mims 4-5-95 904-466-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412506 FP