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Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L66177 (1)
1. Corporation Name
FLORIDA SUB SYSTEMS, INC.

Principal Place of Business

C/O JAMES H. BENEDICT
1200 NORTH WOODLAND BLVD.
DELAND FL 32720-2252

Mailing Address

640 N PENINSULA DR
444 SEADREEZE BLVD-STE 700
DAYTONA BEACH FL 32118
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/16/1990

4. FEI Number 59-3005039
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 BENEDICT, JAMES H.
28 BAY POINTE DRIVE
640 N. PENINSULA DRIVE
DAYTONA BEACH FL 32118

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 DAYTONA BEACH FL
29 Zip Country

30 32118 U.S.A.

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 VD
NAME FISCHER, ROBERT
STREET ADDRESS 1377 RURAL HALL ST
CITY-ST-ZIP DELTONA FL ☐ DELETE

TITLE DV
NAME MARGUERITE E. BENEDICT
STREET ADDRESS 28 BAY POINTE DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

TITLE DST
NAME BENEDICT, JAMES H.
STREET ADDRESS 28 BAY POINTE DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: MARGUERITE E. BENEDICT MARGUERITE E. Feb 18 98 904-255-1222

CR2E034 (10/97)