SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED
94 AUG 11 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054332 (0)

1. Corporation Name
TOTAL PERFORMANCE SOFTWARE, INC.

Mailing Address
~~20 WILD OLIVE COURT~~
~~HOMOSASSA FL 34446~~

Principal Place of Business
~~20 WILD OLIVE COURT~~
~~HOMOSASSA FL 34446~~

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21 1106 COMMERCIAL WAY
Suite, Apt. #, etc.
22
City & State
23 SPRING HILL. FL.
Zip 24 34606 Country 25 USA

2a. Principal Place of Business
26 1106 COMMERCIAL WAY
Suite, Apt. #, etc.
27
City & State
28 SPRING HILL FL.
Zip 29 34606 Country 30 USA

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report:
4. FEI Number: 59-317-8259 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Tax Is on Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BOLTON HARRY J
217 N. ROBIN HOOD RD.
INVERNESS FL 34450

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	WIGHAM IVOR L	1.2 NAME	
1.3 STREET ADDRESS	20 WILD OLIVE CT.	1.3 STREET ADDRESS	
1.4 CITY ST ZIP	HOMOSASSA FL 34446	1.4 CITY ST ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	MCENROE SEAN	2.2 NAME	
2.3 STREET ADDRESS	20 WILD OLIVE CT.	2.3 STREET ADDRESS	
2.4 CITY ST ZIP	HOMOSASSA FL 34446	2.4 CITY ST ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY ST ZIP		3.4 CITY ST ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY ST ZIP		4.4 CITY ST ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY ST ZIP		5.4 CITY ST ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. W. [signature] Aug 8th 94 904 683 3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. WIGHAM GENERAL MANAGER

0100470