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CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAR 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071654

1. Corporation Name

ISYS CORPORATION

Principal Place of Business	Mailing Address
3452 Lake Lynda Dr., Ste. 350 Orlando, Florida 32817	3452 Lake Lynda Dr., St. 350 Orlando, Florida 32817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10-12-93
3a. Date of Last Report: 1-25-95

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-3205633 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

William W. Boggess
3452 Lake Lynda Drive, Ste. 350
Orlando, Florida 32817

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 607.1503, 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, type 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	~~P/S/T/D~~	11 TITLE		☐ Change ☐ Addition
NAME	~~William W. Boggess~~	12 NAME		
STREET ADDRESS	~~3452 Lake Lynda Dr.,Ste. 350~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~Orlando, Florida 32817~~	14 CITY-ST-ZIP		
TITLE	~~VP/D~~	21 TITLE		☐ Change ☐ Addition
NAME	~~Tracy B. Riedl~~	22 NAME		
STREET ADDRESS	~~1027 12 Falls Creek Lane~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~Charlotte, NC 28209~~	24 CITY-ST-ZIP		
TITLE	~~VP/D~~	31 TITLE	P/S/T/VP/D	☒ Change ☐ Addition
NAME	Darcy J. Boggess	32 NAME	Darcy J. Boggess	
STREET ADDRESS	3452 Lake Lynda Dr., Ste 350	33 STREET ADDRESS	3452 Lake Lynda Dr., Ste. 350	
CITY-ST-ZIP	Orlando, Florida 32817	34 CITY-ST-ZIP	Orlando, Florida 32817	
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		

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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 added, above with an address.

SIGNATURE: Darcy J. Boggess Darcy J Boggess 3-14-95 (407) 869-5600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Darcy J. Boggess, President

RC

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