

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:31

DOCUMENT # P94000015550 (4)

1. Corporation Name

SYSTEM COMPONENTS CORPORATION

Principal Place of Business

6750 W. STATE RD. 40
OCALA FL 34482

Mailing Address

6750 W. STATE RD. 40
OCALA FL 34482

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 6750 W. HWY 40

2a. Mailing Address

26 6750 W. HWY 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

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

City & State

23 OCALA, FLORIDA

City & State

28 OCALA, FLORIDA

Zip

24 34482

Country

25 MARION

Zip

29 34482

Country

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RECKDENWALD, RICHARD M
6685 SW 18TH TERRACE RD.
OCALA FL 34474

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	D
NAME	RECKDENWALD, RICHARD M
STREET ADDRESS	6685 SW 18TH TERRACE RD.
CITY - ST - ZIP	OCALA FL 34474
TITLE	D
NAME	KIRKLAND, GEORGE W
STREET ADDRESS	4061 SE 26TH COURT RD.
CITY - ST - ZIP	OCALA FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	* THIS CORPORATION HAS NO STOCK OR ASSETS.
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), Florida Statutes. I further certify that the information reported 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:

Richard M. Reckdenwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/95

904-237-8848