FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017211 (1)

1. Corporation Name
SYSTEM INNOVATORS, INC.

Principal Place of Business	Mailing Address
10475 FORTUNE PKWY SUITE 210 JACKSONVILLE FL 32256	10475 FORTUNE PKWY SUITE 210 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8301 CYPRESS PLAZA DRIVE	2a. Mailing Address: 26 8301 CYPRESS PLAZA DRIVE
Suite, Apt. #, etc: 22 SUITE 105	Suite, Apt. #, etc: 27 SUITE 105
City & State: 23 JACKSONVILLE, FL	City & State: 28 JACKSONVILLE, FL
Zip: 24 32256-4416 · County: 25 DUVAL	Zip: 29 32256-4416 · County: 30 DUVAL

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3227491 ☐ 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

BALL, JOHN S
1 INDEPENDENT DR.
SUITE 2600
JACKSONVILLE FL 32202

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEONARD, MICHAEL
STREET ADDRESS	10475 FORTUNE PKWY, SUITE 210
CITY, ST, ZIP	JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P/V/T/S/D	☒ Change ☐ Addition
1 NAME	NELSON, ROGER D.	
1 STREET ADDRESS	8310 CYPRESS PLAZA DRIVE, SUITE 105	
1 CITY, ST, ZIP	JACKSONVILLE, FL 32256	
2 TITLE	V	☐ Change ☒ Addition
2 NAME	CONNELL, STEVEN G.	
2 STREET ADDRESS	8301 CYPRESS PLAZA DRIVE, SUITE 105	
2 CITY, ST, ZIP	JACKSONVILLE, FL 32256	
3 TITLE	V	☐ Change ☒ Addition
3 NAME	RACKLEY, THOMAS G.	
3 STREET ADDRESS	8301 CYPRESS PLAZA DRIVE, SUITE 105	
3 CITY, ST, ZIP	JACKSONVILLE, FL 32256	
4 TITLE	V	☐ Change ☒ Addition
4 NAME	WILSON, RONALD A.	
4 STREET ADDRESS	8301 CYPRESS PLAZA DRIVE, SUITE 105	
4 CITY, ST, ZIP	JACKSONVILLE, FL 32256	
5 TITLE	V	☐ Change ☒ Addition
5 NAME	KELLY, BONITA J.	
5 STREET ADDRESS	8301 CYPRESS PLAZA DRIVE, SUITE 105	
5 CITY, ST, ZIP	JACKSONVILLE, FL 32256	
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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 the 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: [signature] ROGER D. NELSON 4/14/95 904-281-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0001303 CP