SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000019963 (5)

1. Corporation Name

T & S SYSTEMS, INC.

Principal Place of Business	Mailing Address
4604 RIDGEPOINT DR. TAMPA FL 33624	4604 RIDGEPOINT DR. TAMPA FL 33624

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 17819 St Lucia Isle	26 17819 St Lucia Isle
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Tampa Florida	City & State 28 Tampa Florida
Zip 24 33647 Country 25 Hillsborough	Zip 29 33647 Country 30 Hillsborough

4. FEI Number: 59-3231600 ☐ 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**

HUDSON, SCOTT
4604 RIDGEPOINT DRIVE
TAMPA FL 33624

10. **Name and Address of New Registered Agent**

81 Name: SCOTT HUDSON
82 Street Address (P.O. Box Number is Not Acceptable): 17819 St Lucia Isle
83
84 City: Tampa FL 85 Zip Code: 33647

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] 7/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	HUDSON, SCOTT T	1.2 NAME	Scott T Hudson
STREET ADDRESS	4604 RIDGEPOINT DRIVE	1.3 STREET ADDRESS	17819 St Lucia Isle
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	DVS ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	HUDSON, TONI M	2.2 NAME	Toni M Hudson
STREET ADDRESS	4604 RIDGEPOINT DRIVE	2.3 STREET ADDRESS	17819 St Lucia Isle
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/19/96 813-986-4536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #