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 # **P94000021812 (0)**

1. Corporation Name

NEPTUNE MANAGEMENT SYSTEMS, INC.

Principal Place of Business
2142 ST MARTINS DRIVE W
JACKSONVILLE FL 32246

Mailing Address
2142 ST MARTINS DRIVE W
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified: **03/14/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 2142 St Martins Dr W
22 Suite, Apt. #, etc
23 City & State: Jacksonville FL
24 Zip: 32246
25 Country: USA

2a. Mailing Address
26 2142 St Martin Dr W
27 Suite, Apt. #, etc
28 City & State: Jacksonville FL
29 Zip: 32246
30 Country: USA

4. FEI Number: **59-3229786** — 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

SLAGLE, SUSAN
4190 BLEFORT ROAD SUITE 240
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Tracy Lang
82 Street Address (P.O. Box Number is Not Acceptable): 2142 St Martins Dr W
83
84 City: Jacksonville **FL** 85 Zip Code: 32246

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: Tracy A. Lang — Tracy A. Lang (NOTE: Registered Agent signature required when reinstating) — 7-31-96 DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LANG, TRACY A	
STREET ADDRESS	2142 ST MARTINS DRIVE W	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 119.07(3)(x), 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: Tracy A. Lang — 7-31-96 — 904 220-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)