FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000033341

EXCELLENT OFFICE SYSTEMS OF FLORIDA, INC.

FILED May 11 1998 8:00am Secretary of State



21 26 59-3237295 No Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Re City & State 6. Election Campaign Financing Trust Fund Contribution Added to Zip Country 7 2 Country 8. This corporation owes or has paid the current year Interval 1.	quired May Be o Fees angible] No Code
LEESBURG FL 34748 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1994 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Ap 13	t Applicable Additional quired May Be o Fees angible No
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Fel Number 3. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 A Fee Re 4. Fee Re 5. Certificate of Status Desired \$8.75 A Fee Re 6. Election Campaign Financing Trust Fund Contribution Added to Personal Property Tax due June 30. A Yes \$10 Added to Personal Property Tax due June 30. A Yes \$10 Address of Current Registered Agent VICKERS, DONALD 501 GIBSON STREET LEESBURG FL 34748 81 City FL 85 Zip C 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 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 agent. I am terminar with, and accept the obligations of, Section 607.0505, Florida Statutes.	t Applicable Additional quired May Be o Fees angible No
2. Principal Place of Business	t Applicable Additional quired May Be o Fees angible No
25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State City & State City & State Country Zip Country B. This corporation owes or has paid the current year Integrated Agent VICKERS, DONALD Soil Gibson STREET LEESBURG FL 34748 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip C T1. 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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNAT	t Applicable Additional quired May Be o Fees angible No
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27 State City & State City & State City & State City & State Country Zip	quired May Be o Fees angible] No Code
Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation owes or has paid the current year Integrated Agent Personal Property Tax due June 30. Yes 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VICKERS, DONALD 501 Classon STREET 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	o Fees angible No Code
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SIGNATURE Strature, typod or profiled name of registered agent and tele of applicable. (NOT: Registered Agent signature required when roinstating) DATE	ا دم
Signature, typicd or printed name or registance agoni and time it applicable. (NOTE registance Agoni signature required when reinstailing).	<u> </u>
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12
TITLE D DELETE 11 TITLE Change	Addition
NAME VICKERS, DONALD 1.2 NAME	
STREET ADDRESS 501 GIBSON STREET 1.3 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748 1.4 CITY-ST-ZIP	Į.
TITLE D DELETE 21 TITLE Change	☐ Addition
NAME VICKERS, SUSAN 22 NAME	1
STREET ADDRESS 501 GIBSON STREET 23 STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP LEESBURG FL 34748 2. 4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
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CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
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NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	ļ
CITY-ST-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 1.4 Liberarby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	ľ

Indicated on this annual report or supplied with this hing does not quality in the exemption stated in section 118.07(5)(f), record statutes. Individuellist inclinated in this 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.