SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

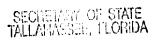
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000034869 (5)

TRIAD COMPUTER SYSTEMS, INC.

FILED

97 SEP 10 AM 10: 46







Principal Place of Business	Mailing Address			iiii aaiad iiiii dibai ibiia fiiid (8)1 1861
2603 N. ADAMS ST. 2603 N. ADAMS ST. PLANT CITY FL 33566 PLANT CITY FL 33568				
			DO NOT WRITE	IN THIS SPACE
· ·			3. Date Incorporated or Qualified	3a. Date of Last Report
			05/05/1994	07/24/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3242164	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	29 30	untry	8. This corporation owes or has pai Personal Property Tax due June	30. Yes No
9, Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	jistered Agent
ADAMS, WILLIAM		81 Name		
2803 N. ADAMS ST. PLANT CITY FL 33566		82 Street Addre	ddress (P.O. Box Number is Not Acceptable)	
		83	-09/12/9	3701130009
		84 City	****165	FL 2 P COO
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	i of Florida. Such change was authorize	id by the corporali	oration submits this statement for the pr on's board of directors. I hereby accep	urpose of changing its regis:ered t the appointment as registered

1.1 THLE

1.2 NAME

2.1 1ITLE

3.1 TITLE

3.2 NAME

DELETE

DELETE

DELETE

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

	anginerore, typeo or printed marile or registered	арон ана ине в аррисаме
12.	OFFICERS A	AND DIRECTORS
TITLE	P	☐ DELFTE
WALRE	MALLIW SMAGA	

C/O 2603 N. ADAMS ST.

PLANT CITY FL 33566

HARMON, JAMES A JR

126 E CHAPMAN RD

PLANT CITY FL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

(NOTE: Registered Agent signature required when reinstating) 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change Bassford, brent La west

Lakebund, FL. 33001

La Crongo	

Addition

Addition

☐ Change

	a.a. (1111-31-21)	<u></u>	
DELETE	4.1 TITLE	☐ Change	
	4. 2 NAME		
	4.3 STREE1 ADDRESS		
	4.4 CITY - ST - ZIP		
DELETE	5.1 TITLE	Change	Т

	Change	Addition
9c q.	12-97	•

51 g	.12-9	7
	Change	Atla

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ct as	if made under	oath; t	ha

14. I do hereby certify that the information supplied with this filing does not qualify for the exemplion stated in Section 119.07(3)(i), 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 or 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.