

**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.)**

FILED

97 SEP 10 AM 10:46

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000034869 (5)  
1. Corporation Name  
TRIAD COMPUTER SYSTEMS, INC.

Principal Place of Business: 2603 N. ADAMS ST. PLANT CITY FL 33566  
Mailing Address: 2603 N. ADAMS ST. PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 05/05/1994  
3a. Date of Last Report: 07/24/1996  
4. FEI Number: 59-3242164  
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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent  
ADAMS, WILLIAM  
2603 N. ADAMS ST.  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 400002292304--5  
83 City, State, Zip: -09/12/97--01130--009  
84 City: \*\*\*165.00 FL \*\*\*165.00

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: P  
NAME: ADAMS, WILLIAM  
STREET ADDRESS: C/O 2603 N. ADAMS ST.  
CITY-ST-ZIP: PLANT CITY FL 33566

TITLE: V  
NAME: HARMON, JAMES A JR  
STREET ADDRESS: 126 E CHAPMAN RD  
CITY-ST-ZIP: PLANT CITY FL

TITLE: [ ] DELETE

TITLE: [ ] DELETE

TITLE: [ ] DELETE

TITLE: [ ] DELETE

TITLE: [ ] DELETE

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: V  
2.2 NAME: Bassford, Brent  
2.3 STREET ADDRESS: 1379 Holly tree La west  
2.4 CITY-ST-ZIP: Lakeland, FL, 33001

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

SC 9.12.97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 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.

CR2E034 (4/97)