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AND
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CORPORATION
ANNUAL REPORT
1995



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DOCUMENT # P94000037985 (6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFESSIONAL SYSTEMS AND SUPPORT, INC.

1. Principal Place of Business 17290 KNIGHT DR. FT. MYERS FL 33912		2a. Mailing Address 17290 KNIGHT DR. FT. MYERS FL 33912		3. Expiration Date of Registration 05/16/1994		3a. Date of Last Report 05/16/1994	
2. Principal Place of Business 21. State Apt. No. etc. 22. City & State 23. Date	2a. Mailing Address 26. State Apt. No. etc. 27. City & State 28. Date	4. FID Number 65-0491915		5. Certificate of Status Declared 8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes.		☐ Yes ☒ No	
9. Name and Address of Current Registered Agent SIEMERING, RONALD W 17290 KNIGHT DR. FT. MYERS FL 33912		10. Name and Address of New Registered Agent					

11. I, the undersigned, being a resident qualified person, do hereby certify that 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 607.001(1), Florida Statutes.		12. Name and Address of Current Registered Agent SIEMERING, RONALD W 17290 KNIGHT DR. FT. MYERS FL 33912		13. Name and Address of New Registered Agent	
SIGNATURE: <i>Ronald W. Siemering</i>		SIGNATURE: <i>RONALD W. SIEMERING, PRES</i>		DATE: 2/15/95	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	1. NAME	1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP
4. NAME	4. NAME	4. NAME	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP
7. NAME	7. NAME	7. NAME	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. NAME	10. NAME	10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I declare and qualify for the exemption stated in Section 191.03(3)(b), Florida Statutes. I further certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made upon oath. That I am an officer or director of the corporation or the registered agent or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the report or on an attached letter with my address.

SIGNATURE: *Ronald W. Siemering* *RONALD W. SIEMERING, PRES* 2/15/95 813-390-0161