

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000037985 (6)

1. Corporation Name

PROFESSIONAL SYSTEMS AND SUPPORT, INC.



Principal Place of Business

17290 KNIGHT DR.  
FT. MYERS FL 33912

Mailing Address

17290 KNIGHT DR.  
FT. MYERS FL 33912

3. Date Incorporated or Qualified  
05/16/1994

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0491915

Applied For  
Not Applicable

22 Suite, Apt. #, etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEMERING, RONALD W  
17290 KNIGHT DR.  
FT. MYERS FL 33912

81 Name

William A. Hill

82 Street Address (P.O. Box Number is Not Acceptable)

2375 TAMiami TRAIL North Suite 206

83

84 City

NAPLES

FL

85 Zip Code

33940

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

*William A. Hill*

2000 Registered Agent Signature required when not standing

5/8/96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
PS  
SIEMERING, RONALD W.  
STREET ADDRESS  
17290 KNIGHT DR.  
CITY-ST-ZIP  
FT. MYERS FL

2. TITLE ☐ DELETE

NAME  
VT  
SIEMERING, DEBORAH A.  
STREET ADDRESS  
17290 KNIGHT DR.  
CITY-ST-ZIP  
FT. MYERS FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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.

SIGNATURE:

*Deborah A. Siemering*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

424-96

941-947-1113

CR2E034 (12/95)

5/1/96