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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33912-2629



3. Date Incorporated or Qualified 05/16/1994
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 113. E. MAIN ST
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 504
Suite, Apt. #, etc.

4. FEI Number 65-0491915
Applied For Not Applicable

22 P.O. Box 504
City & State

27 TRUMANSBURGH NY
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 TRUMANSBURGH NY
Zip Country

28 TRUMANSBURGH NY
Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 14886 25 US

29 14886 30 US

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

HILL, WILLIAM R
2375 TAMiami TRAIL N.
SUITE 208
NAPLES FL 33940

81 Name William R. Hill
82 Street Address (P.O. Box Number is Not Acceptable) 500 FIFTH AVENUE South Suite 522
83
84 City NAPLES FL 85 Zip Code 34102

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 R. Hill* William R. Hill DATE 2/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	SIEMERING, RONALD W.	
STREET ADDRESS	17290 KNIGHT DR.	
CITY- ST- ZIP	FT. MYERS FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SIEMERING, DEBORAH A.	
STREET ADDRESS	17290 KNIGHT DR.	
CITY- ST- ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIEMERING, RONALD W	
1.3 STREET ADDRESS	P.O. BOX 504, 113 E MAIN ST	
1.4 CITY- ST- ZIP	TRUMANSBURGH NY 14886	
2.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIEMERING, DEBORAH A	
2.3 STREET ADDRESS	P.O. BOX 504, 113 E. MAIN ST.	
2.4 CITY- ST- ZIP	TRUMANSBURGH NY 14886	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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.

SIGNATURE: *Ronald W. Siemering* RONALD W. SIEMERING 2/12/97 607-387-3438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)