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May 15 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 # **P94000039426 (9)**

1. Corporation Name
SYNERGY FINANCIAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
4213 WINDING WILLOW DR TAMPA FL 33624	4213 WINDING WILLOW DR TAMPA FL 33624-4636

3. Date Incorporated or Qualified: 05/25/1994
3a. Date of Last Report: 10/04/1996

2. Principal Place of Business	2a. Mailing Address
21 5100 W. KENNEDY BLVD.	26 5100 W. KENNEDY BLVD
22 Suite, Apt. #, etc. SUITE 195	27 Suite, Apt. #, etc. SUITE 195
23 City & State TAMPA FL	28 City & State TAMPA FL
24 Zip 33609 25 Country USA	29 Zip 33609 30 Country USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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 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
CARTRIGHT, JERRY 4213 WINDING WILLOW DR TAMPA FL 33624	81 Name JERRY CARTRIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 5100 W. KENNEDY BLVD. 83 SUITE 195 84 City TAMPA FL 85 Zip Code 33609

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: Jerry D Cartright PRESIDENT — 4-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARTRIGHT, JERRY 4213 WINDING WILLOW DR TAMPA FL 33624 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD JERRY CARTRIGHT 8705 LAKE PLACE LANE TAMPA FL 33634 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTRIGHT, DONALD 8705 LAKE PLACE LN TAMPA FL 33634 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCLURE, TERESA 4213 WINDING WILLOW DR TAMPA FL 33624 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V TERESA MCCLURE 751 CORAL REEF DR TAMPA FL 33602 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Jerry D Cartright PRESIDENT — 4-27-97 — 813-207-2000