

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 28 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056059 (6)

1. Corporation Name

SYSNET CONSULTING SERVICES, INC.

Principal Place of Business

4409 AMBERWOOD CIRCLE
PACE FL 32571

Mailing Address

4409 AMBERWOOD CIRCLE
PACE FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

N/A

4. FBI Number

59-3258463

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

2. Principal Place of Business

21 N/A

2a. Mailing Address

26 N/A

Suite, Apt., etc.

22 N/A

Suite, Apt., etc.

27 N/A

City & State

23 N/A

City & State

28 N/A

Zip

24 N/A

Country

25 USA

Zip

29 N/A

Country

30 USA

9. Name and Address of Current Registered Agent

HAM, WILLIAM H
4409 AMBERWOOD CIRCLE
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name

SAME

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

83

84 City

FL

85 Zip Code

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 H. Ham PRESIDENT

1-16-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
C
HAM, MARTHA K
4409 AMBERWOOD CIRCLE
PACE FL 32571

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VC
PRESSLEY, DENISE J
48 LAKE CIRCLE
MARY ESTHER FL 32569

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
REANEY, SANDRA H
7704 N.W. 5TH ST., APT. 2G
PLANTATION FL 33324

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. 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 110.07(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 this corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE:

William H. Ham PRESIDENT

1-16-95

904.994.0845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number