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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000066991 (8)

1. Corporation Name
PEOPLE SYSTEMS, INC.

Principal Place of Business
6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

Mailing Address
6440 ATLANTIC BLVD.
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report: 09/28/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-3268105 ☐ 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**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PCEO	☐ DELETE
NAME	KESSLER, DELORES P	
STREET ADDRESS	6440 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	V	☐ DELETE
NAME	WILSON, DAWN	
STREET ADDRESS	6440 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	☐ DELETE
NAME	DEWANN, DEREK E	
STREET ADDRESS	6440 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	ST	☐ DELETE
NAME	ABNEY, MICHAEL D	
STREET ADDRESS	6440 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	☐ DELETE
NAME	HOFFMAN, STEPHEN A	
STREET ADDRESS	3701 TAYLORSVILLE RD. #1	
CITY-ST-ZIP	LOUISVILLE KY 40220	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	KESLER, DELORES P.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	DEWAN, DEREK E.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Vice President	☐ Change ☒ Addition
4.2 NAME	Mann, Sean D.	
4.3 STREET ADDRESS	6440 Atlantic Boulevard	
4.4 CITY-ST-ZIP	Jacksonville, FL 32211	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	HOFFMANN, STEPHEN A.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800001816288
-05/10/96--01022--030
***200.00

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: ______, Vice President   4/30/96   (904)725-5574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sean D. Mann, Vice President

CR2E034 (12/95)