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

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 APR 27 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084346 (3)

1. Corporation Name
**FINANCIAL SYSTEMS, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 2629 N. CANAN DR.<br>LAKELAND FL 33801 | P.O. BOX 536<br>LAKELAND FL 33802 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 2629 CANAL DR N.
Suite, Apt. #, etc. 22
City & State 23 LAKELAND FL
Zip 24 33801 Country 25 USA

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

4. FEI Number: 59-3294939 ☐ 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

MCSWAIN, RUTH
2629 N. CANAN DR.
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: Ruth McSwain
82 Street Address (P.O. Box Number is Not Acceptable): 2629 CANAL DR N.
83
84 City: LAKELAND FL 85 Zip Code: 33801

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | MCSWAIN, JAMES E | 1.2 NAME | MYRA L. HILL | |
| STREET ADDRESS | 2629 N. CANAN DR. | 1.3 STREET ADDRESS | 1818 SHADY LANE | |
| CITY-ST-ZIP | LAKELAND FL 33801 | 1.4 CITY-ST-ZIP | LAKE WALES, FL 33859 | |
| TITLE | D | 2.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | KIMBLE, MARIE J | 2.2 NAME | Ruth McSwain | |
| STREET ADDRESS | 607 HULL ST. | 2.3 STREET ADDRESS | 2629 CANAL DR N. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | 2.4 CITY-ST-ZIP | LAKELAND FL 33801 | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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)(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:** MYRA L. HILL President (813) 683-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448800 FP