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

DOCUMENT # **P94000086675 (3)**

1. Corporation Name

INTEGRATED AUTOMATION SOFTWARE SYSTEMS, INC.

Principal Place of Business	Mailing Address
105 MELROSE PLACE PONTE VEDRA BEACH FL 32082	105 MELROSE PLACE PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: **11/28/1994**

3a. Date of Last Report: **06/27/1995**

4. FEI Number: **59-3296933** ☐ 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
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

9. Name and Address of Current Registered Agent

LAGALY, THOMAS
105 MELROSE PLACE
PONTE VEDRA BEACH FL 32082

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	WILLIAMS, THOMAS
STREET ADDRESS	7053 CYPRESS BRIDGE DR S.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	D
NAME	CRAWFORD, DONALD
STREET ADDRESS	7628 FULLARD DR
CITY-ST-ZIP	WAKE FOREST NC 27587
TITLE	D
NAME	LAGALY, THOMAS
STREET ADDRESS	105 MELROSE PLACE
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	D
NAME	KOOTSILLAS, CRAIG
STREET ADDRESS	1095 BRENTON DR
CITY-ST-ZIP	KENNESAW GA 30144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

11 TITLE	
12 NAME	12 NO CHANGES
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	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate, 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 above, or on an attachment with an address.

SIGNATURE: Thomas Lagaly - THOMAS LAGALY 4/3/96 (904)285-7285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR