

**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 # **P95000002893 (2)**  
1. Corporation Name  
**UNIFIED SUPPORT SYSTEMS ENTERPRISES, INC.**



Principal Place of Business: **8280 PRINCETON SQUARE BLVD., WEST. #5 JACKSONVILLE FL 32256**  
Mailing Address: **8280 PRINCETON SQUARE BLVD., WEST. #5 JACKSONVILLE FL 32256**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/09/1995</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>59-3284782</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SIMONIC, NICHOLAS T 8280 PRINCETON SQUARE BLVD., WEST, #5 JACKSONVILLE FL 32256</b>				10. Name and Address of New Registered Agent			
				81. Name	<b>James L. Wagner</b>		
				82. Street Address (P.O. Box Number is Not Applicable)	<b>13104 Blackhawk Trail Ct.</b>		
				83.			
				84. City	<b>Jacksonville</b>	85. Zip Code	<b>FL 32225</b>

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: *James L. Wagner* **CEO. / JAMES L. WAGNER** **3-12-96**  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PD</b>			
NAME		1.2 NAME		<b>BARRY D. JOYE</b>			
STREET ADDRESS		1.3 STREET ADDRESS		<b>103 N. 7TH STREET</b>			
CITY - ST - ZIP		1.4 CITY - ST - ZIP		<b>LAKE CITY, FL 32055</b>			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>			
NAME		2.2 NAME		<b>FRANK E. ZECHER</b>			
STREET ADDRESS		2.3 STREET ADDRESS		<b>947 ARTHUR MOORE DR.</b>			
CITY - ST - ZIP		2.4 CITY - ST - ZIP		<b>GREEN COVE SPRINGS, FL 32043</b>			
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>			
NAME		3.2 NAME		<b>H. MARSHALL DOUGLAS</b>			
STREET ADDRESS		3.3 STREET ADDRESS		<b>P O BOX 3648 NA</b>			
CITY - ST - ZIP		3.4 CITY - ST - ZIP		<b>LAKE CITY, FL 32056-2648</b>			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b>			
NAME		4.2 NAME		<b>JOHN J. TERHUNE</b>			
STREET ADDRESS		4.3 STREET ADDRESS		<b>1600 W NEW YORK AVE.</b>			
CITY - ST - ZIP		4.4 CITY - ST - ZIP		<b>DELAND, FL 32720</b>			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S</b>			
NAME		5.2 NAME		<b>LURONDA JOYE</b>			
STREET ADDRESS		5.3 STREET ADDRESS		<b>103 N. 7TH STREET</b>			
CITY - ST - ZIP		5.4 CITY - ST - ZIP		<b>LAKE CITY, FL 32055</b>			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>700001765637</b>			
NAME		6.2 NAME		<b>-04/02/96--01010--008</b>			
STREET ADDRESS		6.3 STREET ADDRESS		<b>***200.00</b>			
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)(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: *Luronda Ann Joye* **3-12-96** **904-752-0923**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**LURONDA ANN JOYE SECRETARY**

CR2E034 (12/95)