

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90291 024 ***150.00

DOCUMENT # P95000006884 (7)

1. Corporation Name

SYNERGISTICS, INC.

Principal Place of Business

~~ONE SARASOTA TOWER~~
~~TWO NORTH TAMiami TRAIL,~~
~~SUITE 600~~
~~SARASOTA, FL 34236~~

Mailing Address

~~ONE SARASOTA TOWER~~
~~TWO NORTH TAMiami TR.~~
~~SUITE 600~~
~~SARASOTA, FL 34236~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1995

2. Principal Place of Business

21 280 HIDDEN BAY DRIVE

2a. Mailing Address

26 P.O. BOX 1286

4. FEI Number

65-0550485

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HARRELL, DONALD J.~~
~~2033 MAIN STREET, STE. 300~~
~~SARASOTA, FL 34237~~

10. Name and Address of New Registered Agent

81 Name Seider, William M.
82 Street Address (P.O. Box Number is Not Acceptable)
200 South Orange Avenue
83
84 City Sarasota FL 85 Zip Code 34236

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 M. Seider
Signature, typed or printed name of registered agent and title if applicable

(William M. Seider, R.A.)
(NOTE: Registered Agent signature required when reinstating)

4-27-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	P, D MORRIS, ROBERT A.	1280 DOLPHIN BAY WAY	SARASOTA, FL 34242	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		280 HIDDEN BAY DRIVE	OSPNEY, FL 34229	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Morris, Jr.
ROBERT A. MORRIS, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

941-918-1173

Daytime Phone #

CR2E034 (11/98)