


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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90017 037 \*\*\*150.00

0074280

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # P95000027424**

1. Corporation Name

**TALON SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**996 WESTWOOD SQUARE  
STE 5  
OVIDO FL 32765  
US**

**146 EXETER AVENUE  
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/03/1995**

4. FEI Number

**59-3308775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**23**

City & State

**27**

Zip

Country

**24**

**25**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**HELMICK, BLAINE J  
146 EXETER AVENUE  
LONGWOOD FL 32750**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | CDP <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HELMICK, BLAINE J</b>            | 1.2 NAME  |  |
| STREET ADDRESS             | <b>146 EXETER AVENUE</b>            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DST <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>HELMICK, ANN B</b>               | 2.2 NAME  |  |
| STREET ADDRESS             | <b>146 EXETER AVENUE</b>            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>LONGWOOD FL</b>                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DV <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TYSON, GEORGE</b>                | 3.2 NAME  |  |
| STREET ADDRESS             | <b>1003 JACKSON CREEK CT</b>        | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>OVIDO FL</b>                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  | <b>Christopher Forbis</b>  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    | <b>3126 Rider Plc.</b>   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       | <b>Orlando, FL 32817</b>   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |  |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann B. Helmick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/6/99**  
Date

**(407) 365-4510**  
Daytime Phone #

CR2E034 (11/98)