

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 # P95000046660 (3)

1. Corporation Name

SOFTWARE DESIGN & SUPPORT, INC.



Principal Place of Business

9940 S. OCEAN DRIVE, #306
JENSEN BEACH FL 34957

Mailing Address

9940 S. OCEAN DRIVE, #306
JENSEN BEACH FL 34957

2. Principal Place of Business

2a. Mailing Address

21 ~~9940 S. Ocean Dr.~~

26 ~~9940 S. Ocean Drive~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~306~~

27 ~~306~~

City & State

City & State

23 ~~Jensen Beach, FL~~

28 ~~Jensen Beach, FL~~

Zip

Zip

Country

Country

24 ~~34957~~

25 ~~FL~~

29 ~~34957~~

30 ~~FL~~

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

1996

4. FEI Number

65-0614138

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MCINTYRE, WILLIAM C
900 EAST OCEAN BOULEVARD
SUITE 142
STUART FL 34994-3503

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 filer's application)

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DAVIS, LON A
STREET ADDRESS 9940 S. OCEAN DRIVE, #306
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ DELETE

NAME DAVIS, GABRIELLE J
STREET ADDRESS 9940 S. OCEAN DRIVE, #306
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: LON A DAVIS LON A. DAVIS Pres. 3/30/96 407-229-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)