FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

FORMSYSTEMS, INC.

P95000048289 (9) DOCUMENT #

Principal Place of Business 5338 POTOSI PLACE PENSACOLA FL 32504

SIGNATURE

Mailing Address

5338 POTOSI PLACE PENSACOLA FL 32504



								06/16/19	Sa. Date or Last Report						
Principal Place of Business				2a.	2a. Mailing Address				4. FEI Number 59-33198.			25			plied For
-	Suite, Apt. #,	etc			Suite, Apt. #, etc.								\$8		Additional
]	duto, ript. 11,	oto.		27	Series 1 days of the					5. Certificate of St	atus Desired		7 -	-	equired
City & State			1819-19-19-19-19-19-19-19-19-19-19-19-19-1		City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
	Zip	Country			Zip			Country		8. This corporation		intangible ta			
ī	rh-	25		29		30	,			Florida Statutes		□No			
_		9. Name	and Address of Cu	,	ered Agent	1,1				10. Name and Address of New Registered Agent					
_							81	Name							
CORPORATION SERVICE COMPANY								82 Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET TALLAHASSEE FL 32301-2525							02	Sireei	Ruores	SS (F.O. DOX NUMBER	is Not Acceptat	we)			
							83								
							84	City	City				85 Zip Code		
7	Dureuent to	the provis	ions of Sections 607. both, in the State of	1502 and 60	7 1508 Florida Statu	tes the abo	ILL.	named ci	propral	ion submits this state	ment for the pu	rpose of ch	anging	its red	gistered offi
SIC	GNATURE		opt the obligations of,				d Ager	nt signature	equired v	when reinstating)		DATE			
2				AND DIREC	·····	13.				ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRE	CTOF	S IN 12
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NA	ME					6.2	NAME								
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			_	,		64	CITY-	ST-71P							
7	4. I do hereby certify that I appears in	certify that the information and an	at the information suppleation indicated or this idea or director of the or Block 13 r changes	olied with this sannual repo corporation of thor on the	filing is voluntarily further supplemental are the receiver or trustachment with an ad-	irnished and inual report tee empow Idress	do is tr cred	es not qu rue and a I to execu	alify fo ocurati ite this	or the exemption state e and that my signate report as required by	d in Section 119 are shall have the Chapter 607, F	9.07(3)(k), F e same lega lorida Statu • O	lorida S al effect lites; ar	Statute t as if nd tha	es. I further made unde t my name