

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078765 (1)

1. Corporation Name
TENNIS SYSTEMS, INC.

Principal Place of Business

Mailing Address

~~3205 WOODVILLE HWY.~~
TALLAHASSEE FL 32311

~~3205 WOODVILLE HWY.~~
TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

59-3344453

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1747 Woodville Hwy

Suite, Apt. #, etc.

22

City & State

23 Crawfordville, FL

Zip

24 32327

Country

25 USA

2a. Mailing Address

26 1747 Woodville Hwy

Suite, Apt. #, etc.

27

City & State

28 Crawfordville, FL

Zip

29 32327

Country

30 USA

9. Name and Address of Current Registered Agent

MCLEAN, JOHN R
~~6205 WOODVILLE HWY~~
TALLAHASSEE FL 32311
6205 Woodville Hwy.
Crawfordville, FL

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 *John R. McLean* JOHN R. MCLEAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MCLEAN, JOHN R.	6205 WOODVILLE HWY. 1747 WOODVILLE HWY	TALLAHASSEE FL 32311 CRAWFORDVILLE, FL	<input type="checkbox"/>
			32327	<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	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *John R. McLean* JOHN R. MCLEAN 4/2/98 850-925-0212

CR2E034 (10/97)