

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

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000035020 (2)

1. Corporation Name
INTUITION SYSTEMS, INC.

Principal Place of Business
**6420 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216**

Mailing Address
**6420 SOUTHPOINT PARKWAY
JACKSONVILLE FL 32216-0944**

FILED
Mar 10 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**RAX CO.
50 NORTH LAURA STREET
3400 BARNETT CENTER
JACKSONVILLE FL**

3. Date Incorporated or Qualified
04/22/1996

3a. Date of Last Report

4. FEI Number

42-1104815

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

10. Name and Address of New Registered Agent

81 Name

MOTOLAW, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd

83

Suite 1301

84

City Jacksonville

FL

85 Zip Code **32207**

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 in 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GRAHAM, DAVID G**
STREET ADDRESS **6420 SOUTHPOINT PARKWAY**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME **D COLLIER, CLAUDE**
STREET ADDRESS **6420 SOUTHPOINT PARKWAY**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME **D SETTLES, STEVEN R**
STREET ADDRESS **6420 SOUTHPOINT PARKWAY**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME **D HENRY, BERRY K**
STREET ADDRESS **6420 SOUTHPOINT PARKWAY**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME **D HENRY, BERRY K**
STREET ADDRESS **6420 SOUTHPOINT PARKWAY**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ DELETE

NAME **D HENRY, BERRY K**
STREET ADDRESS **6420 SOUTHPOINT PARKWAY**
CITY-STATE-ZIP **JACKSONVILLE FL 32216**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D HENRY, BERRY K.**

4.3 STREET ADDRESS **6420 SOUTHPOINT PARKWAY**

4.4 CITY-STATE-ZIP **JACKSONVILLE, FL 32216**

(SPELLING CORRECTION IN NAME)

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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:

[Signature] **BERRY K. HENRY**

Date

Daytime Phone

2/11/97 904-281-7173

CR2E034 (9/96)