

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

112

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044726 (3)
1. Corporation Name

TECHNICAL SYSTEMS SUPPORT GROUP, INC.

FILED
97 SEP 11 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

Mailing Address

222 N. OCEANFRONT
JACKSONVILLE FL 32250

222 N. OCEANFRONT
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1246 OCEAN REEF ROAD

26 1246 OCEAN REEF ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 WESLEY CHAPEL FL

28 WESLEY CHAPEL

Zip

Country

Zip

Country

24 33543

25 PASCO

29 33543

30 PASCO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/24/1996

4. FEI Number

59-3381449

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

10. Name and Address of New Registered Agent

HOWARD, SHARON
222 N. OCEANFRONT
JACKSONVILLE FL 32250

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

TITLE ☐ DELETE

NAME HOWARD, SAMUEL P
STREET ADDRESS 222 N. OCEANFRONT
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ DELETE

NAME U. PRES
STREET ADDRESS 222 N. OCEANFRONT
CITY-ST-ZIP JACKSONVILLE FL 32250

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

1246 OCEAN REEF ROAD
WESLEY CHAPEL, FL 33543

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

U. PRESIDENT
HOWARD, SHARON
222 N. OCEANFRONT
JACKSONVILLE, FL 32250

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

PRESIDENT
HOWARD, SAMUEL P.
1246 OCEAN REEF ROAD
WESLEY CHAPEL, FL 33543

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

400002294814-7
-09/16/97--01057--008
****165.00 ****165.00

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

400002294814-7
-09/16/97--01057--008
****165.00 ****165.00

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

HOWARD, SAMUEL P. Howard 9/5/97 813-277-9223

CR2E034 (4/97)