


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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000097164 1. Corporation Name <p style="text-align: center;">T D B SYSTEMS INC.</p>			
Principal Place of Business 1937 ARROWHEAD DR. N.E. ST. PETERSBURG, FL. 33703		Mailing Address P.O. BOX 21316 ST. PETERSBURG, FL 33742	
2. Principal Place of Business 21 1937 Arrowhead Dr. Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL. Zip 24 33703	2a. Mailing Address 26 PO. Box 21316 Suite, Apt. #, etc. 27 City & State 28 St Petersburg, FL Zip 29 33742	3. Date Incorporated or Qualified January 1997	3a. Date of Last Report Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name GREG MAXWELL 82 Street Address (P.O. Box Number is Not Acceptable) 1937 ARROWHEAD DR N.E. 83 84 City ST. PETERSBURG FL 85 Zip Code 33703			
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 <i>Greg Maxwell</i> DATE 4-28-97 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-stating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL. 33703	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP President Greg Maxwell 1937 Arrowhead Dr. NE, St. Petersburg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL. 33703	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP SEC-Trea. Kelli Maxwell 1937 Arrowhead DR. N.E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(c), 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, changed, or on an attachment with an address.			
SIGNATURE: <i>Greg Maxwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-28-97 813-253-2468 <small>Date Daytime Phone</small>	

C2E034 (9/96)