

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

FILED
May 27 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 # 1. Corporation Name: BTS SYSTEMS INC PA6000009738			
Principal Place of Business:		Mailing Address:	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21. 6150 ALPENROSE AVE	26. Suite, Apt. #, etc.	4. FEI Number 59-3414067	Applied For Not Applicable
22. City & State JACKSONVILLE FL	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip 32256	28. Zip 32256	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCOTT JACKSON 6150 ALPENROSE AVE JACKSONVILLE FL 32256		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: <i>Scott Jackson</i>		DATE: 4-28-98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-ST-ZIP	☐ Change ☐ Addition
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, 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 no address.		100002537951 -05/28/98--01010--002 ***150.00	
SIGNATURE: <i>Scott Jackson</i>		DATE: 4-28-98 904 636-3229	

CR2E034 (10/97)