

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 20 1998 8:00am  
Secretary of State

DOCUMENT # **P97000077055 (6)**

1. Corporation Name  
**NEW SYSTEM CONTRACTORS, INC.**



Principal Place of Business  
**6808 WAYSIDE COURT  
TAMPA FL 33634**

Mailing Address  
**6808 WAYSIDE COURT  
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **6808 Wayside Ct**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Tampa, FL**  
Zip  
24 **33634** Country  
25  
26 **SAME**  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
**09/04/1997**

4. FEI Number  
**59-3466266** 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

9. Name and Address of Current Registered Agent

**HUTSON, DELORES  
6808 WAYSIDE COURT  
TAMPA FL 33634**

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 **Delores Hutson** **Delores Hutson** **President** **7-28-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **President**  
STREET ADDRESS **Delores Hutson**  
CITY-ST-ZIP **6808 Wayside Ct**  
**Tampa, FL 33634**  
TITLE ☐ DELETE  
NAME **Vice President**  
STREET ADDRESS **Ron Hutson**  
CITY-ST-ZIP **6808 Wayside Ct**  
**Tampa, FL 33634**  
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  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Delores Hutson** **7-27-98** **813-884-6310**

CR2E034 (5/98)