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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 **DOCUMENT #** S07279 (0)NORTH FLORIDA MANAGEMENT SYSTEMS, INC. Principal Place of Business Mailing Address 369 BLANDING BLVD. 547 GEORGE TAYLOR STREET **ORANGE PARK FL 32073** STE N-2 **ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/17/1990</u> 2. Principal Place of Business 2a. Mailing Address Applied For 868-119 59-3037322 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Çity & State City & State 6. Election Campaign Financing \$5.00 May Be DRANGE 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAYE, L.B., JR **547 GEORGE TAYLOR STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** в3 84 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 (coop) the objections of, Section 607.0505, Florida Statutes. ent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE Change 1.1 TITLE ___ Addition LAYE, L.B., JR NAME 1.2 NAME 547 GEORGE TAYLOR ST. STREET ADDRESS 1.3 STHEET ADDRESS ORANGE PARK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition LAYE, JUDITH M. NAME 2.2 NAME 547 GEORGE TAYLOR ST. STREET ADDRESS 2.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.

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Mar 02 1998 8:00am

Secretary of State