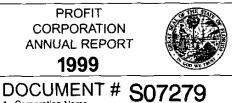
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90150 007 \*\*\*150.00

NORTH FLORIDA MANAGEMENT SYSTEMS, INC. Mailing Address Principal Place of Business 547 GEORGE TAYLOR STREET 868-119 BLANDING BLVD ORANGE PARK FL 32065 ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/17/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3037322 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip 8. This corporation owes the current year Intangible ☐ Yes □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LAYE, L.B., JR Street Address (P.O. Box Number is Not Acceptable) **547 GEORGE TAYLOR STREET ORANGE PARK FL 32073** 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change | ☐ Addition 1.1 TITLE TITLE 1.2 NAME LAYE, L.B., JR NAME 547 GEORGE TAYLOR ST. 1.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 2.1 TITLE Change TITLE LAYE, JUDITH M. 22 NAME NAME 547 GEORGE TAYLOR ST. 2.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 0

CITY-ST-ZIP

CR2E034 (11/98)