

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # S69099 (7)

1. Corporation Name

INDEPENDENT SOFTWARE SERVICES, INC.



Principal Place of Business

4325 HARBOUR ISLAND DR.
JACKSONVILLE FL 32225

Mailing Address

4325 HARBOUR ISLAND
JACKSONVILLE FL 32225
US

3. Date Incorporated or Qualified
07/24/1991

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 4500 Salisbury rd

2a. Mailing Address

26 4500 Salisbury rd

4. FEI Number
52-1501097

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite 170

Suite, Apt. #, etc.

27 Suite 170

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 JAX FL

City & State

28 JAX FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32216

Country

Zip

29 32216

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRABTREE, R.R., ESQUIRE
8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE FL 32258

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signatures required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCCUNE, WILLIAM C JR.
STREET ADDRESS 4325 HARBOUR ISLAND DR.
CITY-ST-ZIP JAX FL ☐ DELETE

TITLE T
NAME EXLINE, ANDREA
STREET ADDRESS 12048 HIDDEN HILLS DR.
CITY-ST-ZIP JAX FL ☒ DELETE

TITLE VS
NAME EXLINE, LOUIS R
STREET ADDRESS 12048 HIDDEN HILLS DR.
CITY-ST-ZIP JAX FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T
1.2 NAME MCCUNE, WILLIAM C. JR.
1.3 STREET ADDRESS 4325 HARBOUR ISLAND DR.
1.4 CITY-ST-ZIP JAX FL ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W.C. McCune Jr 4/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)