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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78902** **(1)**

1. Corporation Name

**INNOVATIVE TURNKEY SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6710 E HILLSBOROUGH AVE.<br>SUITE A<br>TAMPA FL 33610 | 6710 E HILLSBOROUGH AVE.<br>SUITE A<br>TAMPA FL 33610 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/20/1991**
3a. Date of Last Report: **06/21/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **59-3082085** ☐ Applied For ☐ Not Applicable
22 Suite Apt. # etc.
27 Suite Apt. # etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 25 29 30
8. This corporation has elected to be governed by the provisions of Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMCIC, FRED E.
6710 E HILLSBOROUGH AVE.
SUITE A
TAMPA FL 33610

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 Section 607.0501, 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 that position set forth in Chapter 607, Florida Statutes.

CHANGED

| 12. OFFICER AND DIRECTOR(S) | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 |
|---|---|
| D<br>SIMCIC, FRED E.<br>7504 CLEARVIEW DR.<br>TAMPA FL | ☐ Change ☐ Addition |
| D<br>HITE, PATRICIA M.<br>3010 E WATERS AVE.<br>TAMPA FL | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |

14. I, the Undersigned, certify that the information supplied with this filing is absolutely true and accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further, I 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 above, or on an attachment with an arrow.

**SIGNATURE:** Patricia M. Hite 4/30/95 813 985 2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0204819 CP