

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S92584 (9)**

1. Corporation Name  
**SYSTEMS TECHNICAL TRAINING AND RESEARCH CORPS., INC.**



Principal Place of Business: **5807 HIGHWAY 90 MILTON FL 32583**  
Mailing Address: **5807 HIGHWAY 90 MILTON FL 32583**

3. Date Incorporated or Qualified: **11/07/1991**  
3a. Date of Last Report: **02/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		<b>59-3094466</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FARRIS, C. LAMAR**  
~~4714 SHELL RD.~~  
~~MILTON FL 32583~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5936 Pamela Drive**  
83  
84 City **MILTON** FL 85 Zip Code **32570**

11. Pursuant to the provisions of Sections 607.0507 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>GD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>UPSON, BARRY D.</del>	1.2 NAME	
STREET ADDRESS	<del>0073 BRECKENRIDGE DR.</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MILTON FL</del>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRIS, C. LAMAR</b>	2.2 NAME	<b>FARRIS C. LAMAR</b>
STREET ADDRESS	<b>4714 SHELL RD.</b>	2.3 STREET ADDRESS	<b>5936 Pamela Drive</b>
CITY - ST - ZIP	<b>MILTON FL 32583</b>	2.4 CITY - ST - ZIP	<b>MILTON FL 32570</b>
TITLE	PCD <input type="checkbox"/> DELETE	3.1 TITLE	<b>PCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRIS, MARY P.</b>	3.2 NAME	<b>FARRIS MARY P.</b>
STREET ADDRESS	<b>4714 SHELL ROAD</b>	3.3 STREET ADDRESS	<b>5936 Pamela Drive</b>
CITY - ST - ZIP	<b>MILTON FL</b>	3.4 CITY - ST - ZIP	<b>MILTON FL 32570</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *C Lamar Farris* **C LAMAR FARRIS V P** 2/14/96 904 626 3366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)