

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

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**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32583-1763**

3. Date Incorporated or Qualified: **11/07/1991**
3a. Date of Last Report: **02/19/1996**
4. FEI Number: **59-3094466**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
State, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**FARRIS, C. LAMAR
5936 PAMELA DRIVE
MILTON FL 32570**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **5025 ONEIDA TRAIL**
83
84 City: **MILTON** FL 85 Zip Code: **32583**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FARRIS, C. LAMAR	
STREET ADDRESS	5936 PAMELA DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	FARRIS, MARY P.	
STREET ADDRESS	5936 PAMELA DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FARRIS, C. LAMAR	
1.3 STREET ADDRESS	5025 ONEIDA TRAIL	
1.4 CITY-ST-ZIP	MILTON, FL 32583	
2.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FARRIS, MARY P.	
2.3 STREET ADDRESS	5025 ONEIDA TRAIL	
2.4 CITY-ST-ZIP	MILTON, FL 32583	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELLIOTT, JOHN DAVID	
3.3 STREET ADDRESS	107 WILLING STREET	
3.4 CITY-ST-ZIP	MILTON, FL 32570	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CASTOR, ROBERT J.	
4.3 STREET ADDRESS	6015 SCHOFIELD DRIVE	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32506	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 and dated 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 as an attachment with an address.

SIGNATURE: *Mary P. Farris* Mary P. Farris, Pres. 3/9/97 904/626-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)