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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 80
MILTON FL 32583

Mailing Address

5807 HIGHWAY 80
MILTON FL 32583-1763



3. Date Incorporated or Qualified
11/07/1991

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

Signature of registered agent or other registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME FARRIS, C. LAMAR
STREET ADDRESS 5936 PAMELA DRIVE
CITY-ST-ZIP MILTON FL

TITLE PCD ☐ DELETE

NAME FARRIS, MARY P.
STREET ADDRESS 5936 PAMELA DRIVE
CITY-ST-ZIP MILTON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

Date

Daytime Phone #

CR2E034 (9/96)