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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V32935** **(1)**

1. Corporation Name
BETTY'S BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
220 N.E. NROE CIRCLE. NORTH STE. #305-B ST. PETERSBURG FL 33702-7570 US	220 N.E. NROE CIRCLE. NORTH STE. #305-B ST. PETERSBURG FL 33702-7570 US

3. Date Incorporated or Qualified: 04/29/1992
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21 Betty's Business Systems Inc	26 8800 49th Street North
Suite, Apt. #, etc 22 220 NE Monroe Cir N #305-B	Suite, Apt. #, etc 27 Suite 406 Room 27
City & State 23 St Pete FL	City & State 28 Pinellas Park FL
Zip / Country 24 33702 / 25 USA	Zip / Country 29 34666 / 30 USA

4. FEI Number: 62-1516509 ☐ 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	10. Name and Address of New Registered Agent
SERGENT, BETTY L. 220 N.E. MONROE CIRCLE NORTH STE. #305-B ST. PETERSBURG FL 33702	81 Name: Betty L. Sergent 82 Street Address (P.O. Box Number is Not Acceptable): 220 NE Monroe Circle N 83 UNIT 305-B 84 City: St Pete FL **FL** 85 Zip Code: 33702

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: Betty L Sergent — DATE: 5/26/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SERGENT, BETTY L. 220 N.E. MONROE CIRCLE N ST. PETERSBURG FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WILLEY, PATRICIA A. 220 N.E. MONROE CIRCLE N ST. PETERSBURG FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 900001857319 -06/11/96--01012--031 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 6.95

CR2E034 (12/95)

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: Patricia A. Willey — Patricia A. Willey — 5-29-96 — (813) 528-0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #