

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -5 PM 3: 17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V38669

(0)

1. Corporation Name

SYSTEM ONE TECHNICAL, INC.

Principal Place of Business

Mailing Address

**4902 EISENHOWER BLVD
SUITE 370
TAMPA FL 33634**

**4902 EISENHOWER BLVD
SUITE 370
TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3133490

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEST, JOHN B
4902 EISENHOWER BLVD
SUITE 370
TAMPA FL 33634**

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WEST, JOHN B
STREET ADDRESS	4902 EISENHOWER BLVD
CITY- ST- ZIP	TAMPA FL 33634
TITLE	VDST
NAME	WEST, MICHAEL K
STREET ADDRESS	4902 EISENHOWER BLVD
CITY- ST- ZIP	TAMPA FL 33634
TITLE	VD
NAME	GIAMMARCO, BRUNA M
STREET ADDRESS	4902 EISENHOWER BLVD
CITY- ST- ZIP	TAMPA FL 33634
TITLE	V
NAME	WEST, BYRON L
STREET ADDRESS	4902 EISENHOWER BLVD
CITY- ST- ZIP	TAMPA FL 33634
TITLE	S
NAME	Peg Buchenroth
STREET ADDRESS	4902 Eisenhower Blvd
CITY- ST- ZIP	Tampa FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4902 Eisenhower Blvd; Ste 370
1.4 CITY- ST- ZIP	Tampa, FL 33634
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	VD T
2.3 STREET ADDRESS	4902 Eisenhower Blvd; Ste 370
2.4 CITY- ST- ZIP	Tampa, FL 33634
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	4902 Eisenhower Blvd; Ste 370
3.4 CITY- ST- ZIP	Tampa, FL 33634
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	4902 Eisenhower Blvd, Ste 370
4.4 CITY- ST- ZIP	Tampa, FL 33634
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	S
5.3 STREET ADDRESS	Peg Buchenroth
5.4 CITY- ST- ZIP	4902 Eisenhower Blvd; Ste. 370 Tampa, FL 33634
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

John B. West

John B. West

31-95

(413) 249-1707

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Telephone Number