

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 # **L66177** (1)
1. Corporation Name
FLORIDA SUB SYSTEMS, INC.



Principal Place of Business
**C/O JAMES H. BENEDICT
1200 NORTH WOODLAND BLVD.
DELAND FL 32720-2252**

Mailing Address
**C/O JAMES H. BENEDICT
444 SEADREEZE BLVD STE 700
DAYTONA BEACH FL 32118
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **FLORIDA SUB SYSTEMS, INC.**
27 **CORPORATE OFFICES**
28 **640 N. PENINSULA DRIVE**
29 **DAYTONA BEACH, FL 32118**
30 **VOLUSIA**

3. Date Incorporated or Qualified
04/16/1990

3a. Date of Last Report
04/20/1995

4. FEI Number
59-3005039

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
BENEDICT, JAMES H.
28 Bay Pointe Drive, Ormond Beach, FL 32174-9233
444 SEADREEZE BLVD STE 700
DAYTONA BEACH FL 32118

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **DAYTONA BEACH, FL 32118-3829**
84 City
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)

James H. Benedict
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	FISCHER, ROBERT	1377 RURAL HALL ST	DELTONA FL	<input type="checkbox"/>
	DTS	BENEDICT, MARGUERITE E.	200 PELICAN AVENUE	<input type="checkbox"/>
		DAYTONA BEACH FL		
	DP	BENEDICT, JAMES H.	200 PELICAN AVENUE	<input type="checkbox"/>
		DAYTONA BEACH FL		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	CHANGE	ADDITION
	DP			<input type="checkbox"/>	<input type="checkbox"/>
	DP	MARGUERITE E. BENEDICT	28 Bay Pointe Drive	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Ormond Beach, FL 32174-9233			
	DST	28 Bay Pointe Drive	Ormond Beach, FL 32174-9233	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(c), 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 addendum.

SIGNATURE: *Marguerite E. Benedict*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 *904-255-1222*
DATE EXPIRATION DATE

CR2E034 (12/95)