

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596572

Entity Name: ACISS SYSTEMS, INC.**Current Principal Place of Business:**640 BROOKER CREEK BLVD STE 400
OLDSMAR, FL 34677**Current Mailing Address:**640 BROOKER CREEK BLVD STE 400
OLDSMAR, FL 34677 US**FEI Number:** 59-1922156**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAWKINSON, CHAD
872 CRESTRIDGE CIR
TARPON SPRINGS, FL 34688 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	DULIN, THOMAS H
Address	12894 90TH TERR N
City-State-Zip:	SEMINOLE FL 33776

Title	D
Name	BASTIAN, ANTHONY
Address	4641 SOUTH LANDINGS DR
City-State-Zip:	FT MYERS FL 33919

Title	VP
Name	HARRELL, JUSTIN L
Address	1395 7TH ST SOUTH
City-State-Zip:	SAFETY HARBOR FL 34695

Title	PT
Name	HAWKINSON, CHAD A
Address	872 CRESTRIDGE CIR
City-State-Zip:	TARPON SPRINGS FL 34688

Title	SECRETARY
Name	KRZAN, MATTHEW T
Address	5809 CONSUELLO DR
City-State-Zip:	HOLIDAY FL 34690

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHAD HAWKINSON**PRESIDENT****01/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date