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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:01

DOCUMENT # **G30383** **(5)**

1. Corporation Name
SANDATA, INC.

Principal Place of Business	Mailing Address
% EDWARD J. KRAYER 1851 EXECUTIVE CENTER DR STE 103 JACKSONVILLE FL 32207	% EDWARD J. KRAYER 1851 EXECUTIVE CENTER DR STE 103 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1983**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 4811 BEACH BLVD	26 4811 BEACH BLVD.
Suite, Apt. #, etc 22 SUITE 101	Suite, Apt. #, etc 27 SUITE 101
City & State 23 JACKSONVILLE	City & State 28 JACKSONVILLE
Zip / Country 24 FL 25 32207	Zip / Country 29 FL 30 32207

4. FEI Number: **59-2281035** ☐ 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
KRAYER, EDWARD J. 3210 HIDDEN LAKE DRIVE WEST JACKSONVILLE FL 32216	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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	KRAYER, EDWARD J	12 NAME	
STREET ADDRESS	3210 HIDDEN LAKE DR, W	13 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	14 CITY, ST, ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	KRAYER, ALEXANDRIA	22 NAME	
STREET ADDRESS	3210 HIDDEN LAKE DR, W	23 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), 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 above, or on an attachment with an address.

SIGNATURE: Edward J. Krayer 3/17/95 904-396-0060
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0010374 CP