

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

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # G30383 (5) 1. Corporation Name SANDATA, INC.			

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAR 31 AM 11:01

Principal Place of Business % EDWARD J. KRAYER 1851 EXECUTIVE CENTER DR STE 103 JACKSONVILLE FL 32207	Mailing Address % EDWARD J. KRAYER 1851 EXECUTIVE CENTER DR STE 103 JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4811 BEACH BLVD. Suite, Apt. #, etc. 22 SUITE 101 City & State 23 JACKSONVILLE Zip 24 FL	2a. Mailing Address 25 4811 BEACH BLVD. Suite, Apt. #, etc. 26 SUITE 101 City & State 27 JACKSONVILLE Zip 28 FL
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3. Date Incorporated or Qualified 03/24/1983	3a. Date of Last Report 04/28/1994
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 KRAYER, EDWARD J. 3210 HIDDEN LAKE DRIVE WEST JACKSONVILLE FL 32216	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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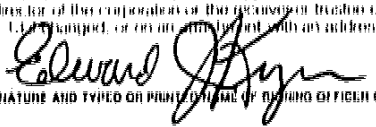
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of Current Registered Agent or Director)
 _____ (Signature of New Registered Agent or Director)

12. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	KRAYER, EDWARD J
STREET ADDRESS	3210 HIDDEN LAKE DR, W
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	VTD
NAME	KRAYER, ALEXANDRIA
STREET ADDRESS	3210 HIDDEN LAKE DR, W
CITY, ST, ZIP	JACKSONVILLE, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed qualified for the exemptions stated in Sections 119.07(6)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an addition not with an address.

SIGNATURE:  3/17/95 904-396-0060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR