

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 23 1997 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H93747** (4)

1. Corporation Name
DATA STORAGE CENTER, INC.

Principal Place of Business
**5663 DOOLITTLE RD
 5266 HIGHWAY AVENUE
 JAX FL 32254
 US**

Mailing Address
**P O BOX 48088
 JAX FL 32247-8088
 US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1986	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2656444	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent PRICE, R.J. 815 S. MAIN ST. JACKSONVILLE FL 32207		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

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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPINNEY, JAMES	1.2 NAME	
STREET ADDRESS	5663 DOOLITTLE RD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BELL, A.Q.	2.2 NAME	
STREET ADDRESS	815 S. MAIN ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	VTD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, R.J.	3.2 NAME	
STREET ADDRESS	815 S MAIN ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, BARBARA S.	4.2 NAME	
STREET ADDRESS	815 S. MIAN ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE	AS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARNETT, JAMES G.	5.2 NAME	
STREET ADDRESS	815 S. MAIN STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	5.4 CITY- ST- ZIP	
TITLE	CD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SUDDATH, STEPHEN M.	6.2 NAME	
STREET ADDRESS	815 S. MAIN ST.	6.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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, changed, or on an attachment with an address.

SIGNATURE: Robert J. Price 01-17-97 904-390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)