

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:54

DOCUMENT # P93000008372 (3)

1. Corporation Name

ONLINE SOFTWARE, INC.

Principal Place of Business

130 WEST PLUMOSA LANE
LAKE WORTH FL 33467

Mailing Address

130 WEST PLUMOSA LANE
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0385470

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLINKSCALES, WILLIAM L
130 WEST PLUMOSA LANE
LAKE WORTH FL 33467

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

Signature typed or printed name of registered agent and FEI # application

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CLINKSCALES, WILLIAM L
STREET ADDRESS	130 WEST PLUMOSA LANE
CITY ST ZIP	LAKE WORTH FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	PIC/D	☒ Change ☐ Addition
12 NAME	CLINKSCALES, William L.	
13 STREET ADDRESS	130 W. PLUMOSA LA.	
14 CITY ST ZIP	LAKE WORTH, FL 33467-4839	
21 TITLE	5	☒ Change ☐ Addition
22 NAME	CLINKSCALES, BETTY L	
23 STREET ADDRESS	130 W. PLUMOSA LA.	
24 CITY ST ZIP	LAKE WORTH, FL 33467-4839	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *W. L. Clinkscals* *W. L. Clinkscals*

3/25/95 407.969.6976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Phone #