

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:12

DOCUMENT # P94000092398 (4)

1. Corporation Name

BUSINESS DATA SYSTEMS, INC.

Principal Place of Business

Mailing Address

2831 N.W. 41ST ST.
SUITE J
GAINESVILLE FL 32606

P.O. BOX 13706
GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

12/22/1994

4. FEI Number

59-3290550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 3405 SW 40 BLVD

26 P.O. Box 141135

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 115

27

City & State

City & State

23 Gainesville, FL

28 GAINESVILLE, FL

24 32608

25 USA

29 32614-1135

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR, SEAN S
108 N. MAGNOLIA AVE.
SUITE 700
OCALA FL 34475-6674

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 title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PRESIDENT
CAREY V JONES
700 SW 62nd BLVD #E56
GAINESVILLE FL 32607~~

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
~~P.T.S.
CAREY V JONES
700 SW 62nd BLVD #E56
GAINESVILLE FL 32607~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(8)(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 employed to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAREY V JONES

2/17/95 904/336-1784