

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT #
1. Corporation Name

P95000050416

PRAXIS INFORMATION GROUP (P.I.G.) INC.

Principal Place of Business Mailing Address

3620 Northeast 8th Place
Suite 12
Ocala, Florida 34470

3. Date Incorporated or Qualified
07/18/95

3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. F.I. Number

59-3325637

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

Matthew D. Nye
5120 N.E. 4th Street
#604
Ocala, Florida 34470

81 Name Dock A. Blanchard, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
4 S.E. Broadway

83

84 City Ocala

85 Zip Code FL 34471

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  , Dock A. Blanchard

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P/V
NAME Ben J. Nye
STREET ADDRESS 5120 N.E. 4th Street
CITY-ST-ZIP Ocala, Florida 34470 ☒ DELETE

TITLE S/T
NAME Matthew D. Nye
STREET ADDRESS 5120 N.E. 4th Street
CITY-ST-ZIP Ocala, Florida 34470 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/V ☒ Change ☐ Addition
1.2 NAME David J. Carter, Sr.
1.3 STREET ADDRESS 3530 S.W. 7th Street
1.4 CITY-ST-ZIP Ocala, Florida 34474

2.1 TITLE S/T ☒ Change ☐ Addition
2.2 NAME David J. Carter, Jr.
2.3 STREET ADDRESS 3530 S.W. 7th Street
2.4 CITY-ST-ZIP Ocala, Florida 34474

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

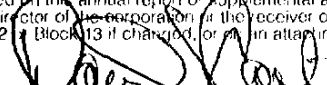
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or in an attachment with an address.

SIGNATURE:

 David J. Carter, Sr.

3/3/97 352-732-2992

CR2E034 (9/96)