

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90073 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034621

1. Corporation Name
DPI INFORMATION SERVICES, INC.

Principal Place of Business 1514 PINEY BRANCH DRIVE VALRICO FL 33594	Mailing Address P O BOX 2308 VALRICO FL 33595 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3416 KING-RICHARD CT Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 SEFFNER FL	27 City & State 28 City & State
24 Zip 25 33584 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 04/16/1997	
4. FEI Number 65-0756041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WHITTINGTON, ROBERT RUSSELL III
1514 PINEY BRANCH DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name WHITTINGTON ROBERT RUSSELL III	
82 Street Address (P.O. Box Number is Not Acceptable) 3416 KING-RICHARD CT.	
83	
84 City SEFFNER	85 Zip Code FL 33584

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WHITTINGTON, ROBERT RUSSELL III		1.2 NAME	
STREET ADDRESS 1514 PINEY BRANCH DRIVE		1.3 STREET ADDRESS 3416 KING-RICHARD CT.	
CITY-ST-ZIP VALRICO FL 33594		1.4 CITY-ST-ZIP SEFFNER FL 33584	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WHITTINGTON, CONSTANCE M		2.2 NAME	
STREET ADDRESS 1514 PINEY BRANCH CIR		2.3 STREET ADDRESS 3416 KING-RICHARD CT	
CITY-ST-ZIP VALRICO FL 33594		2.4 CITY-ST-ZIP SEFFNER FL 33584	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Whittington **ROBERT WHITTINGTON, PRES** 2/21/99 813-654-4440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)