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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90086 044 ***150.00

DOCUMENT # P97000085237

1. Corporation Name
DATA STORAGE CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
815 SOUTH MAIN STREET SUITE 600 JACKSONVILLE FL 32207	815 SOUTH MAIN STREET SUITE 600 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/02/1997

4. FEI Number: 59-3472338 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA
ONE INDEPENDENT DRIVE SUITE 2000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: R. J. Price
82 Street Address (P.O. Box Number is Not Acceptable): 815 S. Main St., 6th Floor
83
84 City: Jacksonville FL 85 Zip Code: 32207

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: R. J. Price, C.F.O. — 4/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	☐ DELETE	1.1 TITLE	Vice President/Treas./Director	☐ Change ☐ Addition
NAME	PRICE, ROBERT		1.2 NAME		
STREET ADDRESS	815 SOUTH MAIN STREET SUITE 600		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME			2.2 NAME	A. Quinn Bell	
STREET ADDRESS			2.3 STREET ADDRESS	815 S. Main St., 6th Floor	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME			3.2 NAME	Stephen M. Suddath	
STREET ADDRESS			3.3 STREET ADDRESS	815 S. Main St., 6th Floor	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		☐ DELETE	4.1 TITLE	Secretary/Director	☐ Change ☒ Addition
NAME			4.2 NAME	Barbara S. Strickland	
STREET ADDRESS			4.3 STREET ADDRESS	815 S. Main St., 6th Floor	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		☐ DELETE	5.1 TITLE	President	☐ Change ☒ Addition
NAME			5.2 NAME	Jim Spinney	
STREET ADDRESS			5.3 STREET ADDRESS	815 S. Main St., 6th Floor	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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: SIGNATURE REQUIRED R. J. Price, C.F.O. 4/1/99 904-390-7100
Date Daytime Phone #

CR2E034 (11/98)