

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

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90025 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J46369**

1. Corporation Name  
**MODIS, INC.**



Principal Place of Business: 54 MARINA ROAD LAKE WYLIE SC 29710 US  
 Mailing Address: 177 CROSSWAYS PARK DR WOODBURY NY 11797 US

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 1 INDEPENDENT DR.           |  | 26 1 INDEPENDENT DR.   |  | 12/10/1986  |  |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 23 JACKSONVILLE, FL.           |  | 28 JACKSONVILLE, FL.   |  | 65-0000600  |  |
| 24 32202                       |  | 29 32202               |  | Applied For   |  |
|                                |  |                        |  | Not Applicable  |  |
|                                |  |                        |  | 5. Certificate of Status Desired  |  |
|                                |  |                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required                     |  |
|                                |  |                        |  | 6. Election Campaign Financing  |  |
|                                |  |                        |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                        |  |
|                                |  |                        |  | 8. This corporation owes the current year Intangible Personal Property Tax. |  |
|                                |  |                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                              |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | FL  |  |  |  |

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                      | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PAYNE, TIMOTHY                             | 1.2 NAME  |   |
| STREET ADDRESS             | ONE INDEPENDENT DRIVE                      | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DEWAN, DEREK E                             | 2.2 NAME  |   |
| STREET ADDRESS             | ONE INDEPENDENT DRIVE                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABNEY, MICHAEL D                           | 3.2 NAME  |   |
| STREET ADDRESS             | ONE INDEPENDENT DRIVE                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MAYO, MARC M                               | 4.2 NAME  |   |
| STREET ADDRESS             | ONE INDEPENDENT DRIVE                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL 32202                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CALABRO, ROBERT                            | 5.2 NAME  |   |
| STREET ADDRESS             | 177 CROSSQWYAS PARK DR                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WOODBURY NY 11797                          | 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                                       |   |

*SEE ATTACHED*

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: Katherine Harris 7-9-99 904-360-2704  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000600  
 CR2E034 (11/98)



596610-90025-47  
J46369



One Independent Drive · Jacksonville, Florida 32202-5060  
Telephone: 904-360-2000 · Facsimile: 904-360-2814  
www.modispro.com

July 6, 1999

Re: Profit Corporation Annual Report – Modis, Inc.

Florida Department of State  
Katherine Harris - Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris:

We are requesting an abatement of the \$400 penalty perscribed in the Profit Corporation Annual Report Packet. The notification of any due funds was received too late to facilitate timely filing. The delay in receiving the notification was caused by the consolidation of functions into our corporate headquarters in Jacksonville. We are submitting the required annual fee of \$150 with the annual report.

Please send any additional requests to me at 1 Independent Drive, Jacksonville, FL 32202 and call me with any questions at 904-360-2704.

Thank you for your consideration on the abatement of the penalty.

Sincerely,

Gerald Robinson  
Tax Director

S96610-90025-47  
J 46 369

**Modis Inc.**

**Officers:**

Chief Executive Officer/Chairman  
Derek E. Dewan

1 Independent Dr. Jacksonville, FL 32202

Vice President /Treasurer  
Michael D. Abney

1 Independent Dr. Jacksonville, FL 32202

President  
Timothy D. Payne

1 Independent Dr. Jacksonville, FL 32202

Secretary  
Marc M. Mayo

1 Independent Dr. Jacksonville, FL 32202

**Directors:**

Derek E. Dewan  
Michael D. Abney  
Marc M. Mayo

1 Independent Dr. Jacksonville, FL 32202

1 Independent Dr. Jacksonville, FL 32202

1 Independent Dr. Jacksonville, FL 32202