

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **334476** (9)

1. Corporation Name
DATA DIMENSIONS, INC.

Principal Place of Business Mailing Address
C/O WILLIE C. MOSS **C/O WILLIE C. MOSS**
5025 SOUTH ORANGE AVENUE **5025 SOUTH ORANGE AVENUE**
ORLANDO FL 32809 **ORLANDO FL 32809**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1968** 3a. Date of Last Report **02/21/1994**
4. FEI Number **59-1221153** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional**
Fee Required
6. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MOSS, WILLIE C
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **MOSS, WILLIE C**
STREET ADDRESS **5025 S. ORANGE AVE.**
CITY - ST - ZIP **ORLANDO FL**
TITLE ST
NAME **MOSS, DIANA J.**
STREET ADDRESS **5025 S. ORANGE AVE.**
CITY - ST - ZIP **ORLANDO FL**
TITLE V
NAME **MOSS, JEFFERY L.**
STREET ADDRESS **5025 S. ORANGE AVE.**
CITY - ST - ZIP **ORLANDO FL**
TITLE V
NAME **ELLIOTT, JAMES W**
STREET ADDRESS **5025 SO ORANGE AVE**
CITY - ST - ZIP **ORLANDO FL**
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 no address.

SIGNATURE: **2-15-95** **407-852-4644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)
Diana J. Moss