

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

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

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

**DOCUMENT # 378875 (9)**  
 1. Corporation Name  
**DATA FINANCIAL, INC.**



Principal Place of Business <b>1300 RIVERPLACE BLVD.                  SUITE 408                  JACKSONVILLE FL 32207                  US</b>	Mailing Address <b>1300 RIVERPLACE BLVD.                  SUITE 408                  JACKSONVILLE FL 32207-9064                  US</b>
---	--

3. Date Incorporated or Qualified <b>03/16/1971</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-1346874</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

g. Name and Address of Current Registered Agent

**JACKSON, FRED C.  
 1300 RIVERPLACE BLVD.  
 SUITE 408  
 JACKSONVILLE FL 33207**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b>	1.1 TITLE	<b>CHAIRMAN</b>
NAME	<b>JACKSON, FRED C. JR</b>	1.2 NAME	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD, SUITE 408</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<b>PRESIDENT &amp; COO</b>
NAME	<b>CLEMENTS, EDWIN O.</b>	2.2 NAME	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD, SUITE 408</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<b>SR. V. P. &amp; CMO</b>
NAME	<b>BROOKS, FAISON, T. ,</b>	3.2 NAME	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD, SUITE 408</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>DESORBO, STEPHEN</b>	4.2 NAME	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD, SUITE 408</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<b>V. P. &amp; CFO</b>
NAME	<b>WILLIAM VOGEL</b>	5.2 NAME	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD., SUITE 408</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
Change <input type="checkbox"/>	Addition <input type="checkbox"/>
Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
Change <input type="checkbox"/>	Addition <input type="checkbox"/>

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 on this attachment with an address.

SIGNATURE: 

CR2E034 (9/96)