

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

APPROVED
AND
FILED

1092

98 NOV -3 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 617809 (9)
1. Corporation Name
DATA SYSTEMS OF NORTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4209 NW 60TH AVE. GAINESVILLE FL 32653 US	Mailing Address P.O. BOX 12665 GAINESVILLE FL 32604 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/18/1979	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1924151	
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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
O'CONNOR, SEAN
5024 NW 27TH CT.
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, W S	1.2 NAME	
STREET ADDRESS	4209 N.W. 60TH AVE.	1.3 STREET ADDRESS	000002684310--2
CITY-ST-ZIP	GAINESVILLE FL 32653	1.4 CITY-ST-ZIP	-11/10/98--01039-017
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	****150.00 ****150.00
NAME	JONES, HEATHER S	2.2 NAME	
STREET ADDRESS	4209 N.W. 60TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32653	2.4 CITY-ST-ZIP	
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)(f), 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 its officer 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.

SIGNATURE: _____ DATE: 10-31-98 DAYTIME PHONE #: 352-373-6156

CR2E034 (10/97)

202

Data Systems

Consulting • Networking
Installation & Support
Facilities Management

To: Whom It May Concern
From: Stafford Jones
Date: 10-31-98

Re: 1998 Corporate Annual Report

In 1997, I wrote to the Department of State about my Annual Report. My report was late that year. The letter that I wrote discussed my wife having cystic fibrosis and her health very rapidly declining. She had a very expensive illness. As a result of that letter, the late fee was waved. During March of this year, my wife died of cystic fibrosis. Again, due to the length and cost of her illness, I was nearly bankrupt at the time that she died. I also have a very young son that I have to support. I have been working terribly hard during the last six months to rebuild our lives and to rebuild my business. My business is my lifeline. It would help me greatly if, for this last time and given the severe circumstance, I could have the late filing fee waved and to keep the corporation active.

If you have any questions, please feel free to call me at 352-373-6156.

Thank you.



Data Systems of N. Florida, Inc.
P.O. Box 12665
Gainesville, Florida 32604-0665
(352) 373-6156
(352) 335-6680 Fax