

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 617809 (9)  
1. Corporation Name  
DATA SYSTEMS OF NORTH FLORIDA, INC.

Principal Place of Business  
4209 NW 60TH AVE.  
GAINESVILLE FL 32653  
US

Mailing Address  
P.O. BOX 12665  
GAINESVILLE FL 32604  
US

APPROVED  
AND  
FILED

98 NOV -3 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1979

4. FEI Number

59-1924151

Applied For

Not Applicable

5. Certificate 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 or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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

10. Name and Address of New Registered Agent

O'CONNOR, SEAN  
5024 NW 27TH CT.  
GAINESVILLE FL 32606

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVTD  
JONES, W S  
4209 N.W. 60TH AVE.  
GAINESVILLE FL 32653

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition  
000002684310-2  
-11/10/98-01039-017  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
JONES, HEATHER S  
4209 N.W. 60TH AVE.  
GAINESVILLE FL 32653

☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 registered agent 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 amendment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-98

352-373-6656

Date Daytime Phone # 0061248

CR2E034 (10/97)

# 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