

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 697646 (8)

1. Corporation Name

INFORMATION SUPPLIES, INC.
FINANCIAL SYSTEMS & SERVICES INC.

Principal Place of Business

3618 MORTON STREET
JACKSONVILLE FL 32217

Mailing Address

3618 MORTON STREET
JACKSONVILLE FL 32217

APPROVED
AND
FILED

95 APR 21 AM 9: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1981

3a. Date of Last Report

01/21/1994

4. FBI Number

59-2141498

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

LITTLEJOHN, CRAIG A
3618 MORTON STREET
JACKSONVILLE, FLA.
32217

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 607.0509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LITTLEJOHN, CRAIG A
STREET ADDRESS 3618 MORTON STREET
CITY- ST- ZIP JACKSONVILLE, FL 00000

TITLE V
NAME LITTLEJOHN, WILLIAM G
STREET ADDRESS 3618 MORTON STREET
CITY- ST- ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P, C ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME Delete
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE VP, D ☐ Change ☒ Addition
32 NAME Jacqueline P. Littlejohn
33 STREET ADDRESS 9666 Scott Mill Estates Way
34 CITY- ST- ZIP JACKSONVILLE FLORIDA 32257

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
40000146334
-04/24/95 -01060-015
***200.00 ***200.00

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(d), 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 circulate 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 addition.

SIGNATURE:

Craig A. Littlejohn

4-13-95

(Date)

Signature: J. W. 4-21-95

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