

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **843141** (3)

1. Corporation Name

**CONVENIENT DATA PICKUP SERVICE, INC.**



Principal Place of Business

Mailing Address

**1481 BELVEDERE AVE.  
 JACKSONVILLE FL 32205**

**1481 BELVEDERE AVE.  
 JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified  
**04/30/1979**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business  
 21 **2574 LADINO LANE**  
 Suite, Apt #, etc

2a. Mailing Address  
 26 **2574 LADINO LANE**  
 Suite, Apt # etc

4. FEI Number  
**59-1765220**

Applied For  
 Not Applicable

22 City & State  
**JACKSONVILLE, FL**

27 City & State  
**JACKSONVILLE FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip  
**32210**

25 Country  
**DUVAL**

29 Zip  
**32210**

30 Country  
**DUVAL**

8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAHLER, MILFORD S.  
 1481 BELVEDERE AVE.  
 JACKSONVILLE FL 32205**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2574 LADINO LANE**  
 83  
 84 City  
**JACKSONVILLE FL** 85 Zip Code  
**32210**

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 of the principal officer or registered agent (add "I, \_\_\_\_\_" if applicable)

(If "FILE" is checked, Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KAHLER, MILFORD S.</b>	
STREET ADDRESS	<b>1481 BELVEDERE AVE.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KAHLER, JAMES R.</b>	
STREET ADDRESS	<b>1481 BELVEDERE AVE.</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Milford S. Kehler*  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-94 904-772-7222  
 DATE OF PREPARE

CR2E034 (3/96)