

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

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Mar 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 843141 (3)

1. Corporation Name  
CONVENIENT DATA PICKUP SERVICE, INC.



Principal Place of Business  
2574 LADINO LANE  
JACKSONVILLE FL 32210  
US

Mailing Address  
2574 LADINO LANE  
JACKSONVILLE FL 32210-3546  
US

3. Date Incorporated or Qualified <b>04/30/1979</b>	3a. Date of Last Report <b>07/18/1996</b>
4. FEI Number <b>59-1765220</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

KAHLER, MILFORD S.  
2574 LADINO LANE  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81. Name <b>Richard M. Rhoden</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>2574 LADINO LANE</b>
83. City <b>JACKSONVILLE</b>
84. State <b>FL</b>
85. Zip Code <b>32210</b>

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: *Richard M. Rhoden PRES/DIR* **Richard M Rhoden** **2-26-97**  
(Type or printed name of registered agent, and the 4 applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>RICHARD M. RHODEN</b>	
1.3 STREET ADDRESS <b>2574 LADINO LANE</b>	
1.4 CITY- ST- ZIP <b>JACKSONVILLE FL 32210</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 an attachment with an address.

SIGNATURE: *Richard M. Rhoden PRES* **Richard M Rhoden** **2-26-97** **904-772-7722**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)