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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 843141

(3)

FILED Feb 10 1998 8:00am Secretary of State

1. Corporation	NIENT DATA PICKUP SERV	/ICE, INC.						
Principal Place	e of Business	Mailing Address				-\	HUN WIER DIEN DIER 1	HEAR OLDER 1881
2574 LADINO LANE JACKSONVILLE FL 32210 US		2574 LADINO LANE JACKSONVILLE FL 32210 US				DO NOT WRITE IN	N THIS SPACE	
00						3. Date Incorporated or Qualified		
						04/30/1979		ľ
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1765220		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27				<u> </u>		Required
City & State	e	City & State				6. Election Campaign Financing		May Be
23 Zip	Country					110011 0110 001111000001		
24 Zip	25	Z() [29]	30			8. This corporation owes or has paid Personal Property Tax due June 3	Prof. 1	Intangibie
<u> </u>	9. Name and Address of Curren		190			10. Name and Address of New Regi		
рн	ODEN, RICHARD M	<u></u>		81 N	ame			
	14 LADINO LANE			00 0		(D.O. Day N. wheele Not Accomplete		
	CKSONVILLE FL 32210			82 Si	reet Addre	ess (P.O. Box Number is Not Acceptable	,	
			l	83				
				24 0	·.		las 7:	in Code
				B4 C	ity		FL 85 Zi	ip Code
11. Pursuant office or ragent La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	2 and 607 1508, Florida Statuti of Florida Such change was a ations of Section 607,0505, Flo	es, the ab authorized orida Stat	oove-na d by the utes.	med corpo corporati	oration submits this statement for the purion's board of directors. I hereby accept	pose of changing the appointment	j its registered as registered
SIGNATURE								
	Signature, typed or product name of recessored ap-		_	d Agent sig	nature require	ed when reinstating)	DATE	000 111 40
12.	OLFICERS AN	D DIRI CTORS DELETE	13.	11.5		ADDITIONS/CHANGES TO OFFICE	Change	
TITLE NAME	RHODEN, RICHARD M						Last Orients	
STREET ADDRESS		0574 4 4 DW 10 1 4 4 W		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		i i	TY-ST-ZII		•	57	
TITLE	SD	☐ DELETE		2.1 TITLE			Chang	e Addition
NAME	KAHLER, JAMES R.			2.2 NAME				
STREET ADDRESS	1481 BELVEDERE AVE.			REET ADD	RESS			
CITY-ST-ZIP	JACKSONVILLE FL	ACCOMMITE		ITY-ST-2				
TITLE		DELETE 3.1			"		☐ Chang	e Addition
NAME			3.2 NA					1
STREET ADDRESS				REET ADD	RESS			1
CITY-ST-ZIP				ITY-ST-ZI				
TITLE		DELETE	4.1 10		1-		☐ Chang	e Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 S1	REET ADD	RESS			
CITY-ST-ZIP			4.4 Cf	TY-ST-Zii	P			
TITLE		DELETE	5.1 TI				☐ Chang	e Addition
NAME			5.2 NA	AME				
STREET ADDRESS			5.3 ST	IREET ADD	ress			
CITY-ST-ZIP			5.4 CI	TY-ST-ZI	Р			
TITLE		☐ DELETE	6.1 Tr	1LF			Chang	e 🔲 Addition
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 ST	TAEET ADD	RESS			
CITY-ST-ZIP			6.4 CI	TY-ST-ZI	Р			
14. I hereby	certify that the information supplied w	ith this filing does not qualify fo	or the exe	emption	stated in	Section 119.07(3)(i), Florida Statutes. I fu	irther certify that t	he information

signature shall have the same legal effect as if made under oath; that I am al as required by Chapter 607, Florida Statutes; and that my name appears in