FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004590 (6)**

1. Corporation Name

DATA CHECK SOFTWARE INC.

Principal Place of Business	Mailing Address
300 N. 2ND ST SUITE 10-D JACKSONVILLE BEACH FL 32250	300 N. 2ND ST SUITE 10-D JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/12/1993**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business	2a. Mailing Address
21 200 EXECUTIVE WAY	26 200 EXECUTIVE WAY
22 Suite/Apt. #, etc. 202	27 Suite/Apt. #, etc. 202
23 City & State PONTE VEDRA, FL	28 City & State PONTE VEDRA, FL
24 Zip 32082	25 County USA
	29 Zip 32082
	30 County USA

4. FEI Number: **59-3202118** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARSTER, JIM 300 N. 2ND ST SUITE 10-D JACKSONVILLE BEACH FL 32250	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200 EXECUTIVE WAY 83 SUITE 202 84 City PONTE VEDRA FL 85 Zip Code 32082

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 _____ DATE _____
(Signature typed as printed name of registered agent and title if applicable) NOTE: Registered Agent's signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	FISH, LYNN	12 NAME	
STREET ADDRESS	3069 LA RESERVE DR	13 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA FL	14 CITY ST ZIP	
TITLE		21 TITLE V	☐ Change ☒ Addition
NAME		22 NAME JAMES L. HARSTER	
STREET ADDRESS		23 STREET ADDRESS 3069 LA RESERVE DRIVE	
CITY ST ZIP		24 CITY ST ZIP PONTE VEDRA FL	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: James L. Harster 4/23/95 (904) 273-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James L. Harster

0000010 CP