

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 MAY 26 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002457 (9)**

1. Corporation Name

APPLIED DIGITAL DATA SYSTEMS, INC. SUN RIVER DATA SYSTEMS, INC.

Principal Place of Business

100 MARCUS BLVD.
HAUPPAUGE NY 11788

Mailing Address

100 MARCUS BLVD.
HAUPPAUGE NY 11788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1994** 3a. Date of Last Report

4. FEI Number **11-2168512** 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 § 199.032, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

I, **Toni McElroy**, Secretary of the above-named corporation, submit 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 Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCRABB JR, DAVID E
STREET ADDRESS	100 MARCUS BLVD.
CITY, ST, ZIP	HAUPPAUGE NY
TITLE	V
NAME	JOY, JOSEPH V
STREET ADDRESS	100 MARCUS BLVD.
CITY, ST, ZIP	HAUPPAUGE NY
TITLE	V
NAME	OLIVER, ROBERT W
STREET ADDRESS	100 MARCUS BLVD.
CITY, ST, ZIP	HAUPPAUGE NY
TITLE	V
NAME	KEIR, GRANT
STREET ADDRESS	100 MARCUS BLVD.
CITY, ST, ZIP	HAUPPAUGE NY
TITLE	V
NAME	HANN, BRIAN L
STREET ADDRESS	100 MARCUS BLVD.
CITY, ST, ZIP	HAUPPAUGE NY
TITLE	VD
NAME	GIERING, JOHN L
STREET ADDRESS	100 MARCUS BLVD.
CITY, ST, ZIP	HAUPPAUGE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	☒ Change ☐ Addition
1. NAME	GERALD YOUNGBLOOD	
1. STREET ADDRESS	9430 RESEARCH BLVD	
1. CITY, ST, ZIP	AUSTIN TEXAS 78759	
2. TITLE	V/D	☒ Change ☐ Addition
2. NAME	WILLIAM LONG	
2. STREET ADDRESS	9430 RESEARCH BLVD	
2. CITY, ST, ZIP	AUSTIN, TEXAS 78759	
3. TITLE	S/P/D	☒ Change ☐ Addition
3. NAME	TONI MCELROY	
3. STREET ADDRESS	9430 RESEARCH BLVD	
3. CITY, ST, ZIP	AUSTIN TEXAS 78759	
4. TITLE		☒ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE		☒ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY, ST, ZIP		
6. TITLE		☒ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY, ST, ZIP		

14. I, **Toni McElroy**, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Toni McElroy**
SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF VOUCHING OFFICER OR DIRECTOR

3/22/95 512-346-2947
Date (Typed Name)