

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

FILED

Apr 11 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 # **F95000001431 (4)**

1. Corporation Name
PALM COAST DATA INC.

Principal Place of Business

**11 COMMERCE STREET
PALM COAST FL 32137
US**

Mailing Address

**11 COMMERCE STREET
PALM COAST FL 32137
US**



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

24 32164

2a. Mailing Address

26 One Corporate Woods Drive

27 City & State

28 Bridgeton, MO

29 Zip

30 63044-3838

30 USA

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

07/30/1996

4. FEI Number

43-1706955

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

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MCSWEENEY, MICHAEL T	
STREET ADDRESS	ONE CORPORATE WOODS DR.	
CITY - ST - ZIP	BRIDGETON MO	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BEFFA, T. G.	
STREET ADDRESS	2015 KINGSPPOINT DRIVE	
CITY - ST - ZIP	CHESTERFIELD MO	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BRENNOCK, M. J.	
STREET ADDRESS	14 MAGNOLIA LANE	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	SCHERER, R. L.	
STREET ADDRESS	125 SHADY LANE TRAIL	
CITY - ST - ZIP	ORMOND BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	MIDDEKE, P. W.	
STREET ADDRESS	55 FOREST VALLEY COURT	
CITY - ST - ZIP	ST. CHARLES MO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PIJUT, D.T.	
STREET ADDRESS	2704 TOWNE CREST DR.	
CITY - ST - ZIP	ST. LOUIS MO 63129	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	G.M. Henderson	
1.3 STREET ADDRESS	8030 Walinca Way	
1.4 CITY - ST - ZIP	Clayton, MO 63105	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Meneough	
2.3 STREET ADDRESS	12 Tidewater	
2.4 CITY - ST - ZIP	Ormond Beach, FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. F. Lehr	
3.3 STREET ADDRESS	2205 Concho Drive	
3.4 CITY - ST - ZIP	Plano, TX	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	E.D. Van den Branden	
4.3 STREET ADDRESS	4512 Glenwich	
4.4 CITY - ST - ZIP	Dallas, TX	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D.N. Woodrum	
5.3 STREET ADDRESS	4212 Firebrick Lane	
5.4 CITY - ST - ZIP	Dallas, TX	
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:

Daniel T. Pijut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

314-344-1292

Date

Daytime Phone #

CR2E034 (9/96)