

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

1996-3-21-96

B-2558

C

DOCUMENT # F95000005949 (1)

1. Corporation Name

INNOVATIVE DATA CONCEPTS, INC.



Principal Place of Business

PO BOX 829
SUMMERFIELD FL 34492

Mailing Address

PO BOX 829
SUMMERFIELD FL 34492

2. Principal Place of Business

2a. Mailing Address

21 4640 SE 142ND PL

26 Suite, Apt. #, etc.

22

27 City & State

23 SUMMERFIELD, FL

28 Zip

24 34491

Country

25 USA

29

Country

30

9. Name and Address of Current Registered Agent

JACQUES, ROSEMARIE
4565 SE HWY 484
BELLEVIEW FL 34420

3. Date Incorporated or Qualified
12/06/1995

3a. Date of Last Report

4. FEI Number
61-1287813

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

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 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE CPV
2. NAME THOMAS, JAMES M
3. STREET ADDRESS 4640 SE 142ND PLACE
4. CITY-STATE-ZIP SUMMERFIELD FL 34491

☐ DELETE

1. TITLE ST
2. NAME THOMAS, KATHY L
3. STREET ADDRESS 4640 SE 142ND PLACE
4. CITY-STATE-ZIP SUMMERFIELD FL 34491

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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)(k), 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 M. Thomas

James M. Thomas 3/15/96 (352) 307-1433

CR2E034 (12/95)