

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90110 023 ***150.00

DOCUMENT # F95000005949

1. Corporation Name
INNOVATIVE DATA CONCEPTS, INC.

Principal Place of Business

Mailing Address

4640 S.E. 142ND PLACE
SUMMERFIELD FL 34491

4640 S.E. 142ND PLACE
SUMMERFIELD FL 34491

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

61-1287813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **14430 SE 142ND PL**

26 **P.O. Box 787**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Ocklawaha, FL**

27 City & State

28 **Ocklawaha, FL**

24 Zip 25 **USA**

29 Zip 30 **USA**

9. Name and Address of Current Registered Agent

**BAVUSO, DAMIAN J CPA
24 CATHEDRAL PLACE
SUITE 200
ST. AUGUSTINE FL 32084**

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 **P** ☐ DELETE
NAME **THOMAS, JAMES M**
STREET ADDRESS **4640 SE 142ND PLACE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **S** ☐ DELETE
NAME **THOMAS, KATHERINE L**
STREET ADDRESS **4640 SE 142ND PLACE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **THOMAS, JAMES M**
1.3 STREET ADDRESS **14430 SE 142ND PL**
1.4 CITY-ST-ZIP **Ocklawaha, FL 32179**

2.1 TITLE **SECRETARY** ☒ Change ☐ Addition
2.2 NAME **THOMAS, KATHERINE L**
2.3 STREET ADDRESS **14430 SE 142ND PL**
2.4 CITY-ST-ZIP **Ocklawaha, FL 32179**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 empowered, with all other like empowered.

SIGNATURE:

James M. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99

Date

(352) 288-0200

Daytime Phone #

CR2E034 (11/98)