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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9600000590 (7) DOCUMENT #

DATASOURCE DIRECT, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I IDDIIDO LEFO IDEAD DELEF DOPEL DÓIII	ODTEL OOSET OOSEE OSEO) O	ALBOM 19041 MW10 19941	
303 BRAME RD. RIDGELAND MS \$9157 RIDGELAND MS 39157				D.			DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualifie 02/05/1996 	d		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For	
21			26				64-0827521		Not Applicable	
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required	
City & Stato			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Coul	ntry	Zip		Country	/	8. This corporation owes or has	paid the current ye	ear Intangible	
24	25		29	30			Personal Property Tax due Ju	· · · · · · · · · · · · · · · · · · ·		
9. Name and Address of Current Registered Agent							10. Name and Address of New	Registered Agent		
JOHNŠON, SUSAN						81 Nam Susan Johnson				
		2512 Meek Rd.		82		ress (P.O. Box Number is Not Accep	table)			
GULF BREEZE FL 32561						2512 Meek Rd.				
					83					
					84	City 🖍		 85	Zip Code	
					1	Gul	If Breze		32561	
l office o	nt to the provisions of Si or reg ist ered agent, or bo I am fa miliar with, and a	oth in the State of I	Florida, Such cha	anne was authi	orized bi	v the cornorat	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of chang cept the appointme	ging its registered ent as regislered	
SIGNATURE			,							
SIGNATURE	Signature, typed or printed n	ame of registered agent an	nd title if applicable.	(NOTE: Rec	gistered Ag	ent signature requi	rod when reinstating)	DATE		
12.		OFFICERS AND D			13.	· · ·	ADDITIONS/CHANGES TO OF			
TITLE	PDC	N 4 1D	السا	DELET e	1.1 TITLE			L. Ch	hange 🔲 Addition	
NAME	TRAXLER, DAVI				1.2 NAME					
STREET ADDRES						I ADDRESS				
CITY-ST-ZIP	RIDGELAND MS	39157		NEI ETE	1.4 CITY - 9	ST-ZIP			Addition	
TITLE	VST	, c	<u></u>	DELETE	2.1 TITLE			L. Ch	hange 📙 Addition	
NAME	LAMB, JEFFREY S 303 BRAME RD				2.2 NAME					
STREET ADDRESS	RIDGELAND MS					ADDRESS				
CITY-ST-ZIP	DC NDGEDANU MS	38137	···	DELETE	2. 4 CITY -	ST-ZIP		☐ Ch	nange Addition	
TITLE	LAMB, JEFFREY	F	ים	PLLEIL	3.1 TITLE 3.2 NAME			L. 01	marge [] MOMON	
NAME PROFEST APPROPRIE	AND DRAME DO					ADDRESS				
STREET ADDRES	RIDGELAND MS				3.3 STREE	1				
CITY-ST-ZIP TITLE	THE OLD THE	40101		DELETE	4.1 TITLE	51-ZIP		T Cr	nange Addition	
NAME					4. 2 NAME				J	
STREET ADDRESS	·c			ľ		ADDRESS				
CITY-ST-ZIP	8				4.4 CITY - S	1				
TITLE				DELETE	5.1 TITLE	51-211		Ch	nange Addition	
NAME			_		5.2 NAME				-	
STREET ADDRESS	s					ADDRESS				
CITY-ST-ZIP	-				5.4 CITY - 5	1				
TITLE	 -			DELETE	6.1 TITLE			☐ Ch	nange Addition	
NAME					6.2 NAME	1				
STREET ADDRESS	s					F ADDRESS				
CITY-ST-ZIP					6.4 CITY-S					
	y cortifu that the informa	tion cumplied with t	his filing doos or	t qualify for th			Section 119 07(3)(i) Florida Statutes	Lituribar cartify th	at the information	

Thereby being that the information supplied with this hing does not quality 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, if on an attachment with an address.

2/12/00

(IN) 863, 856