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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002985

DIGITAL PROCESSING SYSTEMS, INC.

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Principal Plac	ce of Business	Mailing Address			- I (##/II## II II## II## II## II## II##			(8181 811) ISB)
11 SPRIAL DR. FLORENCE KY 41042		11 SPRIAL DR. FLORENCE KY 41042			DO NOT W	RITE IN THIS	SPACE	
					3. Date Incorporated or Qualife 06/09/1997	ed		
2. Principal P	Place of Business	2a. Mailing Address	·		4. FEI Number		A	pplied For
21	,	26			61-1211582		N-	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22	·	27			3. Ochtroate of Classo Beared			equired
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution	g .		May Be to Fees
Zip	_ Country	Zip	Country		8. This corporation owes the cu	urrent year Int	angible	
24	25	29	30		Personal Property Tax.		☐ Yes	™ No
	9. Name and Address of Curren				10. Name and Address of New	Registered	Agent	
LA/LIF	TE DAME		81 Na	me				
033400	TE, DAVID SAND KEY ESTATES DR	981	82 Str	eet Addre	ss (P.O. Box Number is Not Accep	ptable)		
	ARWATER BEACH FL 33767				4 45 0 47 W 1049 1 104 40 A51 A 123	Serie April Ebril	A * 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	uthorized by the c	ned corpor corporation	ration submits this statement for the o's board of directors. I hereby acc	ept the appoi	changing its ntment as re	registered egistered
SIGNATURE	and the second s							
	Signature, typed or printed name of registered ager			ture required t	when reinstating) 3. 1945	DATE	ID DIDECT	200 111 10
12.	OFFICERS AN	ID DIRECTORS						
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NAME:	CV EAZACKEDLEY JOHN	DELETE	1.1 TITLE		3 12 (130)	JEFICERS AN	Change	Addition
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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

6.4 CITY-ST-ZIP

CITY-ST-ZIP

BRAD L. NOGAR 1-12-1999 606-371-5533

FILED

Feb 08, 1999 8:00am

Secretary of State

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