

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F97000005265**

1. Corporation Name

DATA BASICS INTERNATIONAL, INC.

Principal Place of Business

**400 PEACHTREE INDUSTRIAL BLVD STE 5270
SUWANEE GA 30174**

**3235 SATELLITE BLVD
BLDG 400 STE 300
DULUTH GA 30096**

Mailing Address

**400 PEACHTREE INDUSTRIAL BLVD STE 5270
SUWANEE GA 30174**

2. Principal Place of Business

21 3235 SATELLITE BLVD

Suite, Apt. #, etc.

22 BLDG 400 STE 300

City & State

23 DULUTH GA

Zip

24 30096

Country

25 GWINETT

2a. Mailing Address

26 3235 SATELLITE BLVD

Suite, Apt. #, etc.

27 BLDG 400 STE 300

City & State

28 DULUTH GA

Zip

29 30096

Country

30 GWINETT

9. Name and Address of Current Registered Agent

**DILL, ESTHER K
2333 FEATHER SOUND DR., #B707
CLEARWATER FL 33762**

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

58-2242510

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 owes the current year
Intangible Personal Property. ☐ 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 607.1508, 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 **PCSD** ☐ DELETE

NAME **LENAHAN JR, JAMES T**

STREET ADDRESS **4623 CAMBER WELL LN**

CITY-ST-ZIP **SUWANEE GA**

TITLE **VTD** ☐ DELETE

NAME **LENAHAN, JEANNENE**

STREET ADDRESS **4623 CAMBER WELL LN**

CITY-ST-ZIP **SUWANEE GA**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 address.

SIGNATURE:

N. L. LENAHAN

7/26/99

770-291-2001

CR2E034 (5/99)