

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

DOCUMENT # F98000000510

1. Corporation Name
APPX SOFTWARE, INC.

Principal Place of Business
100 S.R. 13 SUITE E
JACKSONVILLE FL 32259

Mailing Address
100 S.R. 13 SUITE E
JACKSONVILLE FL 32259

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90191 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1998

4. FEI Number
54-1464324

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 11363 San Jose Blvd.
Suite, Apt., #, etc.

2a. Mailing Address
26 Suite, Apt., #, etc.

22 Suite 301
City & State

27 Same
City & State

23 Jacksonville FL
Zip

28 Country USA
Zip

24 32223

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRIZZELL, STEVEN D
100 S.R. 13 SUITE E
JACKSONVILLE FL 32259

81 Name
Same
82 Street Address (P.O. Box Number is Not Acceptable)
11363 San Jose Blvd., Ste 301
83
84 City Jacksonville FL 85 Zip Code 32223

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVCS
NAME FRIZZELL, STEVEN
STREET ADDRESS 100 S.R. 13 SUITE E
CITY-ST-ZIP JACKSONVILLE FL 32259

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 11363 San Jose Blvd., Ste 301
1.4 CITY-ST-ZIP Jacksonville, FL 32223

TITLE C
NAME WILKE, MICHAEL
STREET ADDRESS 555 METRO PLACE N SUITE 650
CITY-ST-ZIP DUBLIN OH 43017

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME THORNTON, ROBERT
STREET ADDRESS 555 METRO PLACE N SUITE 650
CITY-ST-ZIP DUBLIN OH 43017

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

TITLE D
NAME FARMER, NEAL
STREET ADDRESS 3300 CAHABA ROAD SUITE 201
CITY-ST-ZIP BIRMINGHAM AL 35223

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME S Gary Dewitt, Gary
5.3 STREET ADDRESS 650 Highway 27 North
5.4 CITY-ST-ZIP Lake Wales, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

904-8805560

Daytime Phone #

CR2E034 (11/98)