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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90016 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000006656

1. Corporation Name

INTEGRATED SPATIAL INFORMATION SOLUTIONS, INC.

Principal Place of Business

13119 PROFESSIONAL DR. #200
JACKSONVILLE FL 32225

Mailing Address

13119 PROFESSIONAL DR. #200
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

84-0868815

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAIL, ROBERT S

13119 PROFESSIONAL DR. #200

JACKSONVILLE FL 32225

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME CARREKER, G. STEPHEN
STREET ADDRESS 13119 PROFESSIONAL DR. #200
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE CP ☐ DELETE

NAME ANTENUCCI, JOHN C
STREET ADDRESS 112 E. MAIN ST.
CITY-ST-ZIP FRANKFORT KY 40601-2314

TITLE D ☐ DELETE

NAME ANDERSON, JEANNE M
STREET ADDRESS 19726 E. CORNELL AVE.
CITY-ST-ZIP AURORA CO 80013

TITLE DVST ☐ DELETE

NAME BEISSER, FREDERICK G
STREET ADDRESS 1597 COLE BLVD. #300B
CITY-ST-ZIP GOLDEN CO 80401

TITLE CFO ☐ DELETE

NAME VAIL, ROBERT S
STREET ADDRESS 13119 PROFESSIONAL DR. #200
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 904-220-4747
Date Daytime Phone #

CR2E034 (11/98)