FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:45

DOCUMENT # G08750 (3)

1. Corporation Name
THRUST DATA SERVICES, INC.

Principal Place of Business
~~300 SOUTH FIFTH STREET~~
P.O. BOX 1547
DADE CITY FL 33526-1547

Mailing Address
~~300 SOUTH FIFTH STREET~~
P.O. BOX 1547 ~~N/A~~
DADE CITY FL 33526
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1982
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21: 14022 59th Street
22 Suite, Apt. #, etc.: Suite "B"
23 City & State:
24 Zip: 25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

4. FEI Number: 59-2235673 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAVIGNAC, RAYMOND J.
6057 IDLE-A-WHILE CIRCLE
RIDGE MANOR FL 33525

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	SAVIGNAC, BRIGGS	1.2 NAME	
STREET ADDRESS	6057 IDLE-A-WHILE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	1.4 CITY-ST-ZIP	
TITLE	DPM	2.1 TITLE	☐ Change ☐ Addition
NAME	SAVIGNAC, RAYMOND J	2.2 NAME	
STREET ADDRESS	6057 IDLE-A-WHILE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Raymond J. Savignac Jr. RAYMOND J. SAVIGNAC 1-23-95 904/523-1788
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

0410000 FP