

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G08750** (3)

1. Corporation Name
THRUST DATA SERVICES, INC.



Principal Place of Business

**14022 5TH STREET
SUITE-B
DADE CITY FL 33526-1547
US**

Mailing Address

**P.O. BOX 1547
DADE CITY FL 33526
US**

3. Date Incorporated or Qualified
11/18/1982

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 105 B DAVIS BLVD. E.

26 105 B DAVIS BLVD. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State Tampa FL

27 City & State Tampa FL

23 Zip 33606 Country USA

28 Zip 33606 Country USA

24 33606 25 USA

29 33606 30 USA

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

105 B DAVIS BLVD. E.

83

84 City

Tampa

FL

85 Zip Code

33606

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE

NAME **SAVIGNAC, BRIGGS**
STREET ADDRESS **6057 IDLE-A-WHILE CIRCLE**
CITY-ST-ZIP **RIDGE MANOR FL**

TITLE **DPM** ☐ DELETE

NAME **SAVIGNAC, RAYMOND J**
STREET ADDRESS **6057 IDLE-A-WHILE CIRCLE**
CITY-ST-ZIP **RIDGE MANOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**105 B DAVIS BLVD. E.
Tampa FL 33606**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**105 B DAVIS BLVD. E.
Tampa FL 33606**

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**DVST
C. JEANNINE SAVIGNAC WOLINKA
3505 SAN LUIS
Tampa FL 33629**

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 **RAYMOND J. SAVIGNAC** **3-20-96** **85-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)