

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H28081 (8)

1. Corporation Name
PATHTECH SOFTWARE SOLUTIONS, INC.

Principal Place of Business
8801 SOUTHPOINT DRIVE NORTH
SUITE 200
JACKSONVILLE FL 32216
US

Mailing Address
6801 SOUTHPOINT DRIVE NORTH
SUITE 200
JACKSONVILLE FL 32216
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/31/1984

4. FEI Number

59-2464961

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

RAX CO.
C/O MAHONEY ADAMS & CRISER, P.A.
50 N. LAURA ST., 3400 BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name RAX CO.
82 Street Address (P.O. Box Number is Not Acceptable)
BARNETT CENTER SUITE 2750
83 50 NORTH LAURA STREET
84 City JACKSONVILLE, FL 85 Zip Code 32202-3635

11. Pursuant to the provisions of Sections 607.0605 and 607.1105, 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 provisions of Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of person authorized to register agent or change of agent

(Both Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

12. TITLE

D
NAME TOUCHTON, ROBERT A.
STREET ADDRESS 3288 HIDDEN LK DR E
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

DV
NAME GUNTER, ALAN DALE
STREET ADDRESS 4751 DEERFOOT LANE SO
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

DP
NAME TOUCHTON, CHERYLE M.
STREET ADDRESS 3288 HIDDEN LK DR E
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

DVS
NAME RAUSCH, STEVEN D
STREET ADDRESS 12075 HAMMOCK OAKS DR
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

Y
NAME VANPELT, RODNEY
STREET ADDRESS 8179 GREEN GLADE ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

D
NAME HOPF, WILLIAM H
STREET ADDRESS 8700 HAMPSHIRE GLEN DRIVE S.
CITY-ST-ZIP JACKSONVILLE FL 32258

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. TITLE

D
NAME HOWARD KELLEY
STREET ADDRESS 803 PRINCE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

☐ Change ☒ Addition

D
NAME ALAN COLLIER
STREET ADDRESS 132 SEA ISLAND DRIVE
CITY-ST-ZIP PONTE VEDRA, FL 32082

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)