

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90134 045 \*\*\*150.00

**DOCUMENT # H70608**

1. Corporation Name

**SPECIAL DATA PROCESSING CORPORATION**



Principal Place of Business

16120 U.S. 19 NORTH  
CLEARWATER FL 33764  
US

Mailing Address

16120 U.S. 19 NORTH  
CLEARWATER FL 33764-6362  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1985

4. FEI Number

59-2570945

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

HOOD, WILLIAM H., III  
16120 U.S. 19 NORTH  
CLEARWATER FL 33764

10. Name and Address of New Registered Agent

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

TITLE PD  
NAME HOOD, WILLIAM HALL, III  
STREET ADDRESS 3962 TARIAN COURT  
CITY-STATE-ZIP PALM HARBOR FL ☐ DELETE

TITLE D  
NAME ROMANOW, RANDALL  
STREET ADDRESS 500 N. BAYSHORE BOULEVARD  
CITY-STATE-ZIP CLEARWATER FL ☒ DELETE

TITLE STD  
NAME HOOD, JR., WILLIAM HALL  
STREET ADDRESS 1413 K ST N.W.  
CITY-STATE-ZIP WASHINGTON DC ☐ DELETE

TITLE VPSD  
NAME ANDERSON, DAVID W  
STREET ADDRESS 2618 COVE CAY DRIVE., #807  
CITY-STATE-ZIP CLEARWATER FL ☐ DELETE

TITLE VPD  
NAME CAPITO, MICHAEL J  
STREET ADDRESS 1706 CAPTIVA DRIVE  
CITY-STATE-ZIP OLDSMAR FL ☐ DELETE

TITLE VP  
NAME JUHL, GINNY  
STREET ADDRESS 1436 AMBASSADOR DRIVE  
CITY-STATE-ZIP CLEARWATER FL ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE SVP/D ☐ Change ☒ Addition  
2.2 NAME CYNTHIA MCATHEY  
2.3 STREET ADDRESS 10103 TARPON DRIVE  
2.4 CITY-STATE-ZIP TREASURE ISLAND, FL 33706

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE P/COO/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE SVP/D ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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

Date

Daytime Phone #

(727) 535-0205

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