

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # J30113**

**(1)**

1. Corporation Name

**MANAGEMENT AND DATA, INC.**



Principal Place of Business

**385 HIGHWAY 98 EAST  
P.O. BOX 1510  
DESTIN FL 32541**

Mailing Address

**385 HIGHWAY 98 EAST  
P.O. BOX 1510  
DESTIN FL 32541**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WOOLEY, ELOUISE  
5036 SHORELINE TOWERS  
DESTIN FL 32541**

3. Date Incorporated or Qualified

**08/25/1986**

3a. Date of Last Report

**01/19/1995**

4. FEI Number

**59-2793787**

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

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, if applicable,

2001b Registered Agent Signature required when not using

DATE

12. OFFICERS AND DIRECTORS

TITLE

PS

☐ DELETE

NAME

**WOOLEY, ELOUISE**

STREET ADDRESS

**385 HWY 98 EAST**

CITY-STATE-ZIP

**DESTIN FL**

TITLE

VP

☒ DELETE

NAME

**PURVIS, PHYLISS**

STREET ADDRESS

**RT 1**

CITY-STATE-ZIP

**OCILLA GA**

TITLE

T

☒ DELETE

NAME

**DOCKERY, THERESA**

STREET ADDRESS

**1705 MARSBURY LANE**

CITY-STATE-ZIP

**ALBANY GA**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-96 904-654-1286**

CR2E034 (12/95)