

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90437 014 \*\*\*150.00

**DOCUMENT # J46369**

1. Entity Name  
**MODIS, INC.**



Principal Place of Business

**1 INDEPENDENT DR  
JACKSONVILLE, FL 32202 US**

Mailing Address

**1 INDEPENDENT DR  
JACKSONVILLE, FL 32202 US**

40090400



04242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0000600**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
PAYNE, TIMOTHY  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
HOLLAND, GREG  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVT  
GROUCH, ROBERT  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
TUTOR, TYRA  
ONE INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COOP  
CULLEN, JOHN  
14401 SWEITZER LANE  
LAUREL, MD 20707**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ROBINSON, GERALD  
ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

**GERALD ROBINSON**

Date

**4-26-07 904-360-2704**

Daytime Phone #