

NOTE: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # J46875 (7)
Corporation Name
DATAMICRO, INC.

Principal Place of Business

**GENE P. DAVIS
449 W TARPON BLVD
PT. CHARLOTTE FL 33952**

Mailing Address

**% GENE P. DAVIS
449 W TARPON BLVD
PT. CHARLOTTE FL 33952**

FILED
Jun 05 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1986	
2b. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2762950	
2c. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2d. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
2e. Country		29. Country		7. 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

**DAVIS, GENE P
449 W TARPON BLVD
PT CHARLOTTE FL 33952**

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 reappointing) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, GENE P	1.2 NAME	
STREET ADDRESS	449 W TARPON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JO ANN	2.2 NAME	
STREET ADDRESS	449 W TARPON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	300002551873
STREET ADDRESS		3.3 STREET ADDRESS	-06/08/98--01131--022
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 reports 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I attach herewith an address.

CR2E034 (10/97)