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Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1997

DOCUMENT # **J62457** (3)

1. Corporation Name  
**TUDOCs, INC.**



Principal Place of Business

% JOHN F. REMARK  
5418 N.W. 92ND WAY  
GAINESVILLE FL 32653  
US

Mailing Address

% JOHN F. REMARK  
5418 N.W. 92ND WAY  
GAINESVILLE FL 32653-2820  
US

2. Principal Place of Business

21 Suite Apt #, etc

22 City & State

23 Zip Country

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2a.

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29

**Tudocs, Inc.**  
**P.O. Box 147050**  
**Suite 101**  
**Gainesville, FL 32614-7050**

**GAINESVILLE FL**  
**32614-7050**  
**USA**

3. Date Incorporated or Qualified

**03/18/1987**

3a. Date of Last Report

**02/26/1996**

4. FEI Number

**59-2786972**

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

9. Name and Address of Current Registered Agent

**REMARK, JOHN F.**  
**5418 N.W. 92ND WAY**  
**GAINESVILLE FL 32653**

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 the date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DVT**  
**REMARK, KATHLEEN A.**  
STREET ADDRESS **5418 N. W. 92ND WAY**  
CITY- ST- ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **DPS**  
**REMARK, JOHN F.**  
STREET ADDRESS **5418 N.W. 92ND WAY**  
CITY- ST- ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE: **Kathleen A. Remark** **KATHLEEN A. REMARK** **2/2/97** **352-376-8743**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)