

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J62457** (3)  
1. Corporation Name  
**TUDOCs, INC.**

Principal Place of Business <b>% JOHN F. REMARK 5418 N.W. 92ND WAY GAINESVILLE FL 32653 US</b>	Mailing Address <b>PO BOX 147050 STE 101 GAINESVILLE FL 32614-7050 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4300 NW 23RD AVE</b> Suite, Apt. #, etc. 22 <b>SUITE 101</b> City & State 23 <b>GAINESVILLE FL</b> Zip 24 <b>32606</b>		2a. Mailing Address 25 <b>USA</b> Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		3. Date Incorporated or Qualified <b>03/18/1987</b>	
4. FEI Number <b>59-2786972</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>REMARK, JOHN F. 5418 N.W. 92ND WAY GAINESVILLE FL 32653</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4300 NW 23RD AVE</b> 83 <b>SUITE 101</b> 84 City <b>GAINESVILLE FL</b> 85 Zip Code <b>32606</b>			
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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 *John F. Remark* **JOHN F. REMARK** **3/30/98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>DVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REMARK, KATHLEEN A.</b>			1.2 NAME	<b>REMARK, KATHLEEN A.</b>		
STREET ADDRESS	<b>5418 N. W. 92ND WAY</b>			1.3 STREET ADDRESS	<b>4300 NW 23RD AVE</b>		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			1.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>		
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REMARK, JOHN F.</b>			2.2 NAME	<b>REMARK JOHN F.</b>		
STREET ADDRESS	<b>5418 N.W. 92ND WAY</b>			2.3 STREET ADDRESS	<b>4300 NW 23RD AVE</b>		
CITY-ST-ZIP	<b>GAINESVILLE FL</b>			2.4 CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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** **3/30/98** **804-385-7370**

CR2E034 (10/97)