FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J87660** **(3)**

1. Corporation Name

COMPUTERIZED TRAFFIC DATA, INC.

Principal Place of Business
14444 BEACH BLVD., SUITE 18-332
~~445-26 STATE ROAD 13, SUITE 310~~
~~JACKSONVILLE FL 32250~~
32250

Mailing Address
14444 BEACH BLVD., SUITE 18-332
~~445-26 STATE ROAD 13, SUITE 310~~
JACKSONVILLE FL ~~32250~~ 32250

3. Date Incorporated or Qualified: **08/11/1987**

3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business
21 14444 BEACH BLVD
Suite, Apt. #, etc.
22 SUITE 18-332
City & State
23 JACKSONVILLE, FL
Zip 24 32250 Country 25 DUVAL

2a. Mailing Address
26 14444 BEACH BLVD
Suite, Apt. #, etc.
27 SUITE 18-332
City & State
28 JACKSONVILLE FL
Zip 29 32250 Country 30 DUVAL

4. FEI Number: **59-2835963** ☐ 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

WALKER, JAMES W
C/O WALKER & KOEGLER
4655 SALISBURY RD., STE. 390
JACKSONVILLE FL 32256

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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD LOWRY, H. MICHAEL 445-26 STATE ROAD 13, SUITE 310 JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	3399 LIGHTHOUSE POINT LANE JACKSONVILLE, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, MICHAEL 445-26 STATE ROAD 13, SUITE 310 JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition	14444 BEACH BLVD, SUITE 18-332
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADLEY, VICKIE L. 339 AQUATIS CONCOURSE ORANGE PARK FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (12/95)

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)(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: H. Michael Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. MICHAEL LOWRY

DATE 904-992-9355
Daytime Phone #