

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K10358** (5)

1. Corporation Name
ALPHA DATA SYSTEMS, INC.

Principal Place of Business Mailing Address
2001 THOMASVILLE ROAD **2001 THOMASVILLE ROAD**
TALLAHASSEE FL 32312 **TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1988** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2864215** 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

7. This corporation has liability for intangible tax under § 199 (199 Florida Statutes) Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOND, CHARLES L.
2001 THOMASVILLE ROAD
TALLAHASSEE FL 32312

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY ST ZIP
D BOND, CHARLES L. 2001 THOMASVILLE ROAD TALLAHASSEE FL
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11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY ST ZIP
19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY ST ZIP
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43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY ST ZIP
47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY ST ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY ST ZIP
59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY ST ZIP

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5/1/95 Mst

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)(b), 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: *Charles L. Bond* 4/20/95 941 385-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)