

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 # **K43326** (3)

1. Corporation Name

SHARP INFORMATION SERVICES, INC.



Principal Place of Business

% VIRGINIA K. SHARP
2935 HERITAGE TRAIL
JACKSONVILLE FL 32257
US

Mailing Address

% VIRGINIA K. SHARP
2935 HERITAGE TRAIL
JACKSONVILLE FL 32257
US

3. Date Incorporated or Qualified

11/04/1988

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

29 Zip

30 Country

4. FEI Number

59-2915887

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

**SHARP, VIRGINIA K.
2935 HERITAGE TRAIL
JACKSONVILLE FL 32257**

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 607.009, Florida Statutes.

SIGNATURE

Virginia K. Sharp

SIGNATURE OF Registered Agent (signature printed when appointing)

4/5/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHARP, VIRGINIA K.	
STREET ADDRESS	2935 HERITAGE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	SHARP, VIRGINIA K.	
STREET ADDRESS	2935 HERITAGE TRAIL	
CITY-ST-ZIP	JACKSONVILLE 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		

13.

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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:

Virginia K. Sharp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

904-731-9233

Date

Daytime Phone #

CR2E034 (12/95)