FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DOCUMENT # K49411 (7)

1. HIGH TECH DATA SERVICES, INC.

Principal Place of Business	Mailing Address
399 INTERSTATE BLVD. SARASOTA FL 34240 US	1800 2 ST ~~STE 775~~ 880 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1988	3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0095384	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 1800 2ND ST
22 Suite, Apt. #, etc.	27 SUITE 880
23 City & State	28 SARASOTA, FL
24 Zip / 25 Country	29 34236 / 30 U.S.A.

9. Name and Address of Current Registered Agent

FITZGIBBONS, THOMAS M.
1800 SECOND STREET, SUITE 775
SUITE 30
SARASOTA FL 34236

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: (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DP	11 TITLE	☐ Change ☐ Addition
2 NAME	ELLWOOD, KEVIN	12 NAME	
3 STREET ADDRESS	1644 GEORGETOWN BV	13 STREET ADDRESS	
4 CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
1 TITLE	ST	21 TITLE	☐ Change ☐ Addition
2 NAME	ELLWOOD, MARCELLA	22 NAME	
3 STREET ADDRESS	1644 GEORGETOWN BV	23 STREET ADDRESS	
4 CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
1 TITLE		31 TITLE	☐ Change ☐ Addition
2 NAME		32 NAME	
3 STREET ADDRESS		33 STREET ADDRESS	
4 CITY-ST-ZIP		34 CITY-ST-ZIP	
1 TITLE		41 TITLE	☐ Change ☐ Addition
2 NAME		42 NAME	
3 STREET ADDRESS		43 STREET ADDRESS	
4 CITY-ST-ZIP		44 CITY-ST-ZIP	
1 TITLE		51 TITLE	☐ Change ☐ Addition
2 NAME		52 NAME	
3 STREET ADDRESS		53 STREET ADDRESS	
4 CITY-ST-ZIP		54 CITY-ST-ZIP	
1 TITLE		61 TITLE	☐ Change ☐ Addition
2 NAME		62 NAME	
3 STREET ADDRESS		63 STREET ADDRESS	
4 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true. For profit corporations only: 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 this 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 added in an attachment with an address.

SIGNATURE: Marcella Ellwood MARCELLA ELLWOOD 2/24/95 (813)378-0001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR

0341140 CP