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 # **K76699** **(3)**

1. Corporation Name
SIGMA DATA PROCESSING, INCORPORATED

Principal Place of Business
10318 RIPPLE RUSH DRIVE. WEST
%EDMOND R. PETERSON
JACKSONVILLE FL 32257-1763

Mailing Address
10318 RIPPLE RUSH DRIVE. WEST
%EDMOND R. PETERSON
JACKSONVILLE FL 32257-1763

3. Date Incorporated or Qualified: 03/30/1989
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21 6638 Delta Post Dr. W.
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32244 Country 25

2a. Mailing Address
26 9802 Baymeadows Rd
Suite ~~Apt. #, etc.~~
27 12
City & State
28 Jacksonville, FL
Zip 29 32256 Country 30

4. FEI Number: 59-2946153 — 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
PETERSON, EDMOND R.
~~10318 RIPPLE RUSH DRIVE, W.~~
~~JACKSONVILLE FL 32257-1763~~
6638 Delta Post Dr. W.
Jacksonville, FL 32244

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6638 Delta Post Dr. W
83
84 City: Jacksonville FL 85 Zip Code: 32244

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: Edmond R. Peterson — Edmond R. Peterson President — 4/1/96
Sign of the typed or printed name of registered agent and title, if applicable — (R.O.C. Registered Agent's signature in ink or other permanent) — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	PETERSON, EDMOND R.	~~10318 RIPPLE RUSH DR. W.~~	~~JACKSONVILLE FL~~	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	PD	Peterson, Edmond R.	6638 Delta Post Dr. W.	Jacksonville, FL 32244	☑	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

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: Edmond R. Peterson — Edmond R. Peterson — 4/1/96 — (904) 262-4746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)