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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

6638 DELTA POST DRIVE, W
EDMOND R. PETERSON
JACKSONVILLE FL 32244
US

Mailing Address

9902 BAYMEADOWS RD
SUITE 12
JACKSONVILLE FL 32256-0114
US



3. Date Incorporated or Qualified
03/30/1989

3a. Date of Last Report
04/08/1996

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

2. Principal Place of Business

21 7899 Red Clover Court

Suite, Apt. #, etc.

22 70 Gina M. Peterson

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PETERSON, EDMOND R
6638 DELTA POST DRIVE, W
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name

Gina M. Peterson

82 Street Address (P.O. Box Number is Not Acceptable)

7899 Red Clover Court

83

84 City

Jacksonville

FL

85 Zip Code

32256

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

Gina M. Peterson

Gina M. Peterson President

1/30/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETERSON, EDMOND R
STREET ADDRESS 6638 DELTA POST DRIVE W
CITY-ST-ZIP JACKSONVILLE FL

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Peterson, Gina M.
1.3 STREET ADDRESS 7899 Red Clover Court
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE Vice President
2.2 NAME Peterson, Edmond R.
2.3 STREET ADDRESS 7899 Red Clover Court
2.4 CITY-ST-ZIP Jacksonville, FL 32256

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Gina M. Peterson

REQUIRED

1/30/97

(904) 363-1270

CR2E034 (9/96)