PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # L00374



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90171 017 ***150.00

1. Corporation									
CUSTON	1 DATA SERVICES, INC.					i annama dié paiés notan sala 1864 didi didi	O ORBRI BIBIL BRUR	A(A)? \$181((B))	
Principal Place of Business Mailing Address						-	i Britis Bilisi bili		
28527 DAWNS BREAK PT 9012 COPELAND RD									
ZEPHYRHILLS FL 33543 TAMPA FL 33637						DO NOT WRITE IN THIS SPACE			
us us			•			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						07/05/1989			
2. Principal Place of Business 2a. Mailing Ad		2a. Mailing Address	Address			4. FEI Number	ρ	pplied For	
21		26				59-2960328		lot Applicable	}
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional.	<u> </u>
22		27						Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23		28	C+	4		Trust Fund Contribution	_	to Fees	
Žip	Country	Zip	Coun	ıry		8. This corporation owes the current year	Intangible Yes	□No	
24	25	29 30	D]			Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of Current	Registered Agein		81 N	lame	10. Haille and Address of Her Registore	u / igum		
LINK	OUS, J JUANELL								
9012 COPELAND RD			82 Street Addr		treet Addre	ess (P.O. Box Number is Not Acceptable)			
	PA FL 33637			83			_		1
			\	84 C	ity	F	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the ab	ove-na	amed corpo	eration submits this statement for the purpose	of changing i	ts registered	1
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was auth	norized	by the	corporation	n's board of directors. I hereby accept the app	ointment as i	registered	
	m lamiliar willi, and accept the obligati	gits of, Section our losco, Florid	a Otalui	.03.		•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ro	egistered A	gent sig	nature required	when reinstating) DATE			í
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS	_		٤
TITLE	DP	DELETE .		1.1 TITLE		,	☐ Change	· Addition	3
NAME (DAY, JERRY A		1.2 NAME						2
STREET ADDRESS	28527 DAWNS BREAK POINT		1.3 STREET ADDRESS		DRESS				į
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		1.4 CITY-ST-ZIP		-			Addition	Ċ
TITLE	ST	·		2.1 TITLE		•	Change		`
NAME	DAY, VIRGINIA A		2.2 NAME						ļ
STREET ADDRESS			2.3 STREET ADDRESS					•	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		2.4 City St. ZiP		PE-SE		☐ Change	Addition	-
TITLE	AS .	L DELETE 3.1 TI				·			ĺ
NAME	LINKOUS, J. JUANELL				20566	·			ļ
STREET ADDRESS	9012 COPELAND RD		■ 3.3 S (R	REETAD	1				1
CITY-ST-ZIP	TAMPA CI		24.0	v o= -					1
	TAMPA FL	☐ DE(ETE		Y-ST-ZI	<u>- </u>		☐ Change	Addition	}
TITLE	TAMPA FL	☐ DELETE	4.1 TITL	Ė	<u>r</u>		☐ Change	Addition	
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NAME STREET ADDRESS	TAMPA FL	☐ DELETE	4.1 TITL 4. 2 NAI 4.3 STR	LE ME REET AD	DRESS		☐ Change	e ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL		4.1 TITL 4. 2 NAI 4.3 STR 4.4 CIT	.E Me Reet ad Y-St-Zii	DRESS		☐ Change		
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP