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Jan 27 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 # L18327 (1)

1. Corporation Name
CONVAULT FLORIDA, INC.



Principal Place of Business
1410 INDUSTRIAL DRIVE
P O BOX 238
WILDWOOD FL 34785

Mailing Address
~~1410 INDUSTRIAL DRIVE~~
P O BOX 238
WILDWOOD FL 34785-0238

3. Date Incorporated or Qualified 09/26/1989
3a. Date of Last Report 03/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

59-2969803

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

City & State

Trust Fund Contribution

Yes No

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

24

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, DAVID
1410 INDUSTRIAL DRIVE
WILDWOOD FL 34785

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LINDQUIST, THOMAS
STREET ADDRESS 4316 N. SPERRY ROAD
CITY-ST-ZIP DENAIR CA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME BAMBACIGNO, RALPH
STREET ADDRESS 4930 MCHENRY AVE.
CITY-ST-ZIP MODESTO CA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DEGREGORY, JOHN
STREET ADDRESS 1401 NORTH HUNTER
CITY-ST-ZIP STOCKTON CA

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

TITLE P
NAME HARRIS, DAVID P.
STREET ADDRESS 36409 VIA MARCIA
CITY-ST-ZIP FRUITLAND PARK FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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: David P. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

352-748-6462

Daytime Phone #

0447135

CR2E034 (9/96)