FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L18327

(1)

CONVAULT FLORIDA, INC.

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	_							
N	n							

FILED Jan 20 1998 8:00am Secretary of State



rrancipal riace of business Maning Address											
F	410 INDUSTRIAL DRIVE O BOX 238 VILDWOOD FL 34785		P O BOX 23	PO BOX 238 P O BOX 238 WILDWOOD FL 34785 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1989				
2.	Principal Place of Busi	ness	2a. Mailing A	2a. Mailing Address			4. FEI Number			Applied For	
21			26	26				59-2969803		Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5.	Certificate of Status Desired	of Status Desired S8.75 Additional Fee Required		
23	City & State		City & Sta	City & State			6. Flection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			•	
24	Ζiρ	Country 25	7ip	30	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No			
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 82						
					83						
!					84	City		FI	85	Zip Code	
11	office or registered as		ile of Florida. Such ch	iange was authorize	d by	the corporation		n submits this statement for the purpose opeard of directors. I hereby accept the ap			

SIGNATURE	n familiar with, and accept the obligations							
SIGNATURE	Signature typed or printed name of registered agont and t	itle if applicable (NO1)	Registered Agent signature requi	red whon reinstailing) DATE				
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	DELETE	1.1 TOLE	Change	Addition			
NAME	LINDQUIST, THOMAS		1,2 NAME					
STREET ADDRESS	4316 N. SPERRY ROAD		1,3 STREET ADDRESS					
CITY-ST-ZIP	DENAIR CA		1.4 CHY-S1-ZIP					
THTLE	D	☐ DELETE	2 1 TITLE	☐ Change	Addition			
NAME	BAMBACIGNO, RALPH		2.2 NAME					
STREET ADDRESS	4930 MCHENRY AVE.		2.3 STREET ADDRESS					
CITY-ST-ZIP	MODESTO CA		2. 4 CITY - ST - ZIP					
TITLE	D	☐ DELETE	3.1 117LE	☐ Change	Addition Addition			
NAME	DEGREGORY, JOHN		3,2 NAME					
STREET ADDRESS	1401 NORTH HUNTER		3.3 STREET ADDRESS					
CITY-ST-ZIP	STOCKTON CA_		3.4. C(TY-ST-ZIP					
TIFLE	P	☐ DELETE	4.1 TITLE	☐ Change	Addition			
NAME	HARRIS, DAVID P.		4, 2 NAME					
STREET ADDRESS	36409 VIA MARCIA		4.3 STREET ADDRESS					
CITY-ST-ZIP	FRUITLAND PARK FL		4.4 CITY-ST-7IP					
TITLE		DELETE	5.1 TITLE	☐ Change	Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY+ST+ZIP					
TITLE		☐ DELETE	6 1 111LE	☐ Change	Addition			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
l			1					

14. Thereby 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 offect 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,

1/5/08

(252) 748-1462