

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90034 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L18327

1. Corporation Name

CONVAULT FLORIDA, INC.

Principal Place of Business

1410 INDUSTRIAL DRIVE  
P O BOX 238  
WILDWOOD FL 34785

Mailing Address

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

4. FEI Number

59-2969803

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

HARRIS, DAVID  
1410 INDUSTRIAL DRIVE  
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name

REMINGTON, JAMES M.

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

17550 S.E. HIGHWAY 475

83

84 City

SUMMERFIELD,

FL

85

Zip Code

34491-6710

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

*James M. Remington*  
Signature, typed or printed name of registered agent and title if applicable.

James M. Remington

4/15/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D LINDQUIST, THOMAS

STREET ADDRESS 4316 N. SPERRY ROAD

CITY-ST-ZIP DENAIR CA

TITLE ☐ DELETE

NAME D BAMBACIGNO, RALPH

STREET ADDRESS 4930 MCHENRY AVE.

CITY-ST-ZIP MODESTO CA

TITLE ☐ DELETE

NAME D DEGREGORY, JOHN

STREET ADDRESS 1401 NORTH HUNTER

CITY-ST-ZIP STOCKTON CA

TITLE ☐ DELETE

NAME P HARRIS, DAVID P.

STREET ADDRESS 36409 VIA MARCIA

CITY-ST-ZIP FRUITLAND PARK FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

684 South Missouri Avenue  
Waterford, CA 95386

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*David P. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Harris

4/20/99

209-632-7571

Date

Daytime Phone #

CR2E034 (11/98)