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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90204 014 ***150.00 05-15-1999 90011 008 ***150.00

1. Corporation Name				•			
1. Corporation	ir radiie						
DATA	RETRIEVAL SERVICES	, INC.				11 56 116 11618 6 11 6 1	11 68 184 188
Principal Place of Business Mailing Address					(1881/1881 1/10 181/) 188// 88/// 88/// 88///		
•					·		
1040	Kapp Drive	1040 Kapp Dri	ve			-	
Clea	rwater, Florida 3370	65 Clearwater, F	lorida	33765	DO NOT WRITE IN TH	IS SPACE	
		•			3. Date Incorporated or Qualifed		
					11/01/89		į
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2996408		t Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22		27			<u> </u>	Fee Re	quired
City & Stat	θ .	City & State			6. Election Campaign Financing		May Be
23	0-1-1-1	28	C+		Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		KINo
24	25 9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New Registere	☐ Yes	מאודעי
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Acquisiters	a Agent	
MIZIO, ARMANDO F 25400 U.S. 19 NORTH							
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 210			83			~~~~	
	ARWATER FL-34623- 33763					-	
			84	City	_	85 Zip (Code
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	s the above	-named como	pration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by	the corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
-	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes	•		•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Ager	it signature required	when reinstating) DATE		 .
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	Larry C. Letournea						
NAME	<u> </u>	u ivi	1.1 TITLE			Change	☐ Addition
STREET ADDRESS	132 Woodcreek Drive East		1.1 IIILE 1.2 NAME			Change	☐ Addition
		e East		ADDRESS		Change	☐ Addition
CITY-ST-ZIP	132 Woodcreek Drive Safety Harbor, Flo	e East	1.2 NAME			Change	☐ Addition
CITY-ST-ZIP		e East	1.2 NAME			☐ Change	Addition
		e East rida 34695	1.2 NAME 1.3 STREET 1.4 CITY-S		e E E		
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necessive cerusy that the information supplied with this riving 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 suppliermental 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 faceivery 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry C. Letourneau

04/29/99

(727) 461-5900