FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P35825

1. Corporatio	MENT # P358 IES DATA MANAGEMENT	(-)			I (SELIAR) PAR INIRI SURI ARIJA NA		
				·			
Principal Place of Business Mailing Address					r sentring rang tibet biller fürter stat	ni Bisi mimir Afdir Kilili All	TEL BIDIT BIDIE 1881
41111 EMERALDA ISLAND RD. 41111 EMERALDA ISLA LEESBURG FL 34788 LEESBURG FL 34788							
					3. Date Incorporated or Qualified 09/24/1991	3a. Date of Last 03/21/19	
<u> </u>	al Place of Business 2a. Mailing Address				4. FEI Number		Applied For
Suite Ant	Apt. #, etc.				59-3084390		Not Applicable
22					5. Certificate of Status Desired	\$8.7	5 Additional
City & State	0	City & State	& State		6 []	Fee	Required
28					6. Election Campaign Financing Trust Fund Contribution		00 May Be
Ζφ	Country Z ₁ p		Country		R. This corporation has liability for intangible tax under s 199.032,		
24 25 29 3 9. Name and Address of Current Registered Agent				Florida Statutes 🔀 Yes 🗌 No			
	9. Name and Address of Curr	ent Hegistered Agent	81		10. Name and Address of New R	legistered Agent	
Hughes, Robert P 41111 Emeralda Island Rd. Leesburg Fl 34788			81	Name			
			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
			83				
			84				rp Code
familiar wit	Signature, typed or printed hame of registered ay	int ar i the Tapplicable (NC	OTE Rogistered Aguri			DA1E	
TITLE	CD OFFICERS A	ND DIRECTORS	13.	- -	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTO	ORS IN 12
NAME	HUGHES, ROBERT		1. 1 TITLE			☐ Change	Addition :
STREET ADDRESS			12 NAME	1D36060			
CITY-ST-ZIP	LEESBURG FL 34788		1.3 STREET ADDRESS 1.4 City - St - Zip				ļ
TIFLE	VCD DELETE		2 1 TITLE	-211		Change	Addition
NAME	HUGHES, BERNICE FOX		2 2 NAME			change	Addition
STREET ADDRESS			2.3 STREET ADDRESS				
CHY-ST-ZIP			24 CITY-ST	- ZIP			
TITLE NAME	DELETE		3 1 TITLE			☐ Change	Addition
SIREEL ADDRESS	F98		3.2 NAME				İ
CITY-ST-ZIP			3 3 STREET				
TITLE		☐ DELETE	34 CITY-SI 4 1 TITLE	· ZIP			
NAME			4.2 NAME			Change	Addition
STREET ADDRESS			4.3 STREET A	UIORESS			İ
CITY-ST ZIP			4.4 CITY-ST	ľ			
TITLE	DELETE		5 1 TITLE			Change	[] Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET A	DORESS			}
CITY - ST - ZIP			5 4 Cily - ST	ZIP			
TITLE NAME	☐ DELETE		6 1 TITLE	İ		☐ Change	Addition
STREET ADDRESS			6.2 NAME				1
CITY-ST-ZIP			6 3 STREET A				
	certify that the information supplied	with this filing is voluntarily furni	6 4 City-St- ished and does	not qualify for	r the exemption stated in Section 110.0	7/0///\ FI= (= - \O\)	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR