FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:54

DOCUMENT # P93000010589 (8)

1. Corporation Name
EMERALD COAST INFORMATICS, INC.

Principal Place of Business	Mailing Address
C-30-A & STREICHER PLACE SANTA ROSA BEACH FL 32459	P.O. BOX 4673 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1993	3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3165195	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1465 W. HWY 30A	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SANTA ROSA BEACH, FL	28 City & State
24 Zip: 32459 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

STREICHER, ROBERT E
C-30-A & STREICHER PLACE
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1465 W. HWY 30A
83
84 City: SANTA ROSA BEACH FL 85 Zip Code: 32459

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: _____ DATE
(Typed or printed name of registered agent and the if applicable) (#31. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	STREICHER, MIKELLE M	12 NAME	
STREET ADDRESS	C-30-A STREICHER PL	13 STREET ADDRESS	1465 W. HWY 30A
CITY-ST-ZIP	SANTA ROSA BCH FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	STREICHER, VANESSA M	22 NAME	
STREET ADDRESS	C-30-A STREICHER PLACE	23 STREET ADDRESS	1465 W. HWY 30A
CITY-ST-ZIP	SANTA ROSA BCH FL	24 CITY-ST-ZIP	
TITLE	TSD	31 TITLE	☒ Change ☐ Addition
NAME	STREICHER, ROBERT E	32 NAME	
STREET ADDRESS	C-30-A STREICHER PLACE	33 STREET ADDRESS	1465 W HWY 30A
CITY-ST-ZIP	SANTA ROSA BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SIMMS, EDNA L	42 NAME	
STREET ADDRESS	3921 CENTRAL #20	43 STREET ADDRESS	
CITY-ST-ZIP	HOT SPRINGS AK	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] ROBERT E. STREICHER 3/10/1995 904-267-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0411614 FP