

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996 5-14-96

DOCUMENT # P93000010589 (8)

1. Corporation Name

EMERALD COAST INFORMATICS, INC.

Principal Place of Business

1465 W. HWY 30A
SANTA ROSA BEACH FL 32459
US

Mailing Address

P.O. BOX 4673
SANTA ROSA BEACH FL 32459



3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1331 E. NURSERY RD

26 1331 E. NURSERY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SANTA ROSA BCH, FL

28 SANTA ROSA BCH, FL

24 Zip

25 Country

29 Zip

30 Country

32459

32459

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STREICHER, ROBERT E
1465 W. HWY 30A
SANTA ROSA BEACH FL 32459

81 Name

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

1331 E. NURSERY RD

83

84 City

SANTA ROSA BCH

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

ROBERT E. STREICHER

5-11-96

Signature, typed or printed name of registered agent and beneficial owner, if applicable.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STREICHER, MIKELLE M
STREET ADDRESS C-30-A STREICHER PL
CITY-ST-ZIP SANTA ROSA BCH FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1331 E. NURSERY RD

TITLE V
NAME STREICHER, VANESSA M
STREET ADDRESS 1465 W. HWY 30A
CITY-ST-ZIP SANTA ROSA BCH FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1331 E. NURSERY RD

TITLE TSD
NAME STREICHER, ROBERT E
STREET ADDRESS 1465 W. HWY 30A
CITY-ST-ZIP SANTA ROSA BCH FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1331 E. NURSERY RD

TITLE D
NAME SIMMS, EDNA L
STREET ADDRESS 3921 CENTRAL #20
CITY-ST-ZIP HOT SPRINGS AK

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

ROBERT E. STREICHER

5-10-96

Date

904/267-0123

Daytime Phone #

CR2E034 (12/95)