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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P93000010589 (8) DOCUMENT #

EMERALD COAST INFORMATICS, INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1331 E. NURSERY ROAD 1331 E. NURSERY ROAD SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/04/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3165195 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year intangible No. ☐ Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STREICHER, ROBERT E 1331 E. NURSERY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SANTA ROSA BEACH FL 32459 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTI: Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE STREICHER, MIKELLE M 1.2 NAME NAME 1331 E. NURSERY ROAD STREET ADDRESS 1.3 STREET ADDRESS SANTA ROSA BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE STREICHER, JANESSA M. 1331 E. NURSERY RD. STREICHER, VANESSA M NAME 2.2 NAME 1331 E NURSERY ROAD STREET ADDRESS 2.3 STREET ADDRESS SANTA ROSA BCH FL SANTA ROSA BCH, FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE STREICHER, ROBERT E NAME 3.2 NAME 1331 E. NURSERY ROAD STREET ADDRESS 3.3 STREET ADDRESS SANTA ROSA BCH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE. Change Addition TITLE 4.1 TITLE SIMMS, EDNA L NAME 4. 2 NAME 3921 CENTRAL #20 STREET ADDRESS 4.3 STREET ADDRESS HOT SPRINGS AK CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - Z(P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 of 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 an attachmost with an address.