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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 2:08

DOCUMENT # **P93000047654 (7)**

1. Corporation Name
EMERALD INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
7457 ALOMA AVE. STE 305 WINTER PARK FL 32792 US	7457 ALOMA AVE. STE 305 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1993
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-3193137 ☐ 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

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HAMILTON, JAIME L
2057 HOUNDSLAKE DRIVE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: Lynn M. Evans
82 Street Address (P.O. Box Number is Not Acceptable): 1046 SHAFFER TRAIL
83:
84 City: OVIEDO FL 85 Zip Code: 32765

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: Lynn M. Evans, Lynn M. Evans President DATE: 1/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	AST	☐ Change ☒ Addition
NAME	EVANS, LYNN M	1.2 NAME	LYNN M. EVANS	
STREET ADDRESS	1046 SHAFFER TRAIL	1.3 STREET ADDRESS	1046 SHAFFER TRAIL	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	VS	2.1 TITLE	(No longer an officer)	☒ Change ☐ Addition
NAME	HAMILTON, JAIME L	2.2 NAME	HAMILTON, JAIME L	
STREET ADDRESS	2057 HOUNDSLAKE DR	2.3 STREET ADDRESS	2057 HOUNDSLAKE DR	
CITY-ST-ZIP	WINTER PK FL	2.4 CITY-ST-ZIP	WINTER PARK, FL	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 if changed, or on an attachment with an address.

SIGNATURE: Lynn M. Evans Lynn M. Evans 1/31/95 407-677-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048110 CP