

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058333 (4)

1. Corporation Name

DATRANS, INC.



Principal Place of Business

4081 HONEYSUCKLE CIRCLE
MIDDLEBURG FL 32068

Mailing Address

4081 HONEYSUCKLE CIRCLE
MIDDLEBURG FL 32068

2. Principal Place of Business

2a. Mailing Address

21 56 Fox Valley Drive

26 56 Fox Valley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orange Park, FL

28 Orange Park, FL

Zip

Country

Zip

Country

24 32073

25 USA

29 32073

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/16/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3200947

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

10. Name and Address of New Registered Agent

81 Name

SAME

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

56 Fox Valley Drive

83

84 City

Orange Park

FL

85 Zip Code

32073

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMAS, NORMAN E.
STREET ADDRESS 4081 HONEYSUCKLE CIRCLE
CITY-ST-ZIP MIDDLEBURG FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Norman E. Thomas
56 Fox Valley Drive
Orange Park, FL 32073

☒ Change

☐ Addition

TITLE VPD
NAME THOMAS, DAVID A
STREET ADDRESS 2084 CORNELL RD
CITY-ST-ZIP MIDDLEBURG FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME THOMAS, HELEN D.
STREET ADDRESS 4081 HONEYSUCKLE DR
CITY-ST-ZIP MIDDLEBURG FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Helen D. Thomas
56 Fox Valley Drive
Orange Park, FL 32073

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Norman E. Thomas
Norman E. Thomas

4-26-96

(904) 264-5961

Date

Daytime Phone #

CR2E034 (12/95)