

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000011434 (5)

1. Corporation Name

DATA COLLECTION INC.



Principal Place of Business

Mailing Address

144 RESERVE CIR  
#200  
OVIEDO FL 32765

144 RESERVE CIR  
#200  
OVIEDO FL 32765

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/11/1994

3a. Date of Last Report

02/01/1995

4. FEI Number

59-3218067

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

TIPTON, DANIEL N  
144 RESERVE CIR  
#200  
OVIEDO FL 32765

81. Name

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

83.

84. City

FL

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

*[Signature]* N/A

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME FELICIANO, PETRA N  
STREET ADDRESS 2102 GACHET CT., #302  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE VDS  
NAME TIPTON, DANIEL N  
STREET ADDRESS 144 RESERVE CIRCLE, #200  
CITY-ST-ZIP OVIEDO FL ☐ DELETE

TITLE D  
NAME FOTI, ANTHONY  
STREET ADDRESS 2853 MADELINE AVENUE  
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE VD  
NAME FOTI, ANTHONY  
STREET ADDRESS 2853 MADELINE AVE  
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE SD  
NAME FELICIANO, PETRONILLA  
STREET ADDRESS 5924 AURERS BLVD #200  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D  
NAME SWINFORD, MICHAEL A  
STREET ADDRESS 1075 S HIAWASSEE RD #922  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME ROBERT C. DODGE  
1.3 STREET ADDRESS 144 RESERVE CIR #200  
1.4 CITY-ST-ZIP OVIEDO, FL 32765 ☐ Change ☒ Addition

2.1 TITLE PDS  
2.2 NAME TIPTON, DANIEL N.  
2.3 STREET ADDRESS 144 RESERVE CIR #200  
2.4 CITY-ST-ZIP OVIEDO, FL 32765 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS ☐ Change ☐ Addition

6.1 TITLE D  
6.2 NAME SWINFORD, MICHAEL A  
6.3 STREET ADDRESS 490 W. 18TH STREET  
6.4 CITY-ST-ZIP SANFORD, FL 32771 ☒ 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL N. TIPTON, PRESIDENT

4-29-96

Date

800-818-9277

Daytime Phone #

CF2E034 (12/95)