SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 23 AM 11:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000018571 (7)**

1. Corporation Name

ELECTRONIC INFORMATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
1440 RIVERSIDE DR TARPON SPRINGS FL 34689	1440 RIVERSIDE DR TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report: 08/11/1995

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

4. FEI Number: APPLIED FOR 59-3260025 ~~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

9. Name and Address of Current Registered Agent

AMMONS, ROSE MARY
1440 RIVERSIDE DR
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

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: _____ DATE
Signature, type or print 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	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	AMMONS, ROSE MARY		12 NAME	
STREET ADDRESS	1440 RIVERSIDE DR		13 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		14 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GREGORY, S. JOAN		22 NAME	
STREET ADDRESS	1440 RIVERSIDE DR		23 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		24 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ST. CLAIR, JOHN R		32 NAME	
STREET ADDRESS	1304 HAMLIN DR		33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624		34 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ST. CLAIR, PATRICIA M		42 NAME	
STREET ADDRESS	1304 HAMLIN DR		43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Mary Ammons, Pres 8/3/96 (813) 937-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rose MARY Ammons