

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000018571 (7)

1. Corporation Name

ELECTRONIC INFORMATION SOLUTIONS, INC.

Principal Place of Business

1440 RIVERSIDE DR  
TARPON SPRINGS FL 34689

Mailing Address

1440 RIVERSIDE DR  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

4. FEI Number

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 had any new or former year intangible  
Personal Property Tax due June 30, 1997



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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ~~STD~~  
AMMONS, ROSE MARY  
STREET ADDRESS 1440 RIVERSIDE DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ DELETE

NAME ~~STD~~  
GREGORY, S. JOAN  
STREET ADDRESS 1440 RIVERSIDE DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ DELETE

NAME ~~STD~~  
ST. CLAIR, JOHN R  
STREET ADDRESS 1304 HAMLIN DR  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☒ DELETE

NAME ~~STD~~  
ST. CLAIR, PATRICIA M  
STREET ADDRESS 1304 HAMLIN DR  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME STD  
Ammons, ROSE MARY

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D  
Gregory, S Joan

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D  
St. Clair, John R

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME PD  
St. Clair, Patricia M

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, 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 as an attachment with an address.

SIGNATURE

*[Signature]*

4/20/98 (812) 937-7784

CR2E034 (10/97)