

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 # P94000023513 (2)

1. Corporation Name
MAPSOURCE, INC.



Principal Place of Business

3100 39TH AVE N
SUITE E
ST PETERSBURG FL 33714
US

Mailing Address

3100 39TH AVE. N.
SUITE E
ST PETERSBURG FL 33714
US

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 3100 39th Av N

Suite, Apt. #, etc.

22 None

City & State

23 St. Petersburg, FL

Zip

24 33714

Country

25 US

2a. Mailing Address

26 3100 39th Av N

Suite, Apt. #, etc.

27 None

City & State

28 St. Petersburg, FL

Zip

29 33714

Country

30 US

4. FEI Number

59-3250514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INGLE, W. EUGENE
3100 39TH AVE N
SUITE E
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name W. Eugene Ingle
82 Street Address (P.O. Box Number is Not Acceptable)
3100 39th Av N
83
84 City St. Petersburg FL 85 Zip Code 33714

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

1.1 TITLE P ☐ DELETE

NAME INGLE, MARIE V
STREET ADDRESS 3100 39TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL

1.2 TITLE V ☐ DELETE

NAME INGLE, W. E
STREET ADDRESS 3100 39TH AVE. N
CITY-ST-ZIP ST PETERSBURG FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.7 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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

813-522-6277

CR2E034 (12/95)