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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000024876 (2)

FILED May 09 1997 8:00am Secretary of State

OUTSOURCE DATA, INC.									
Principal Place of Business Mailing Address 2600 S.E. 40TH ST. 2600 S.E. 40TH ST. OCALA FL 34480 OCALA FL 34480-5789					I (\$31652 100 1314) 91916 3810) SEIN BEIN BENG 11011 SJARF 19111 10646 SHI 1401.				
					3. Date Incorporated or Qualified 03/31/1994		te of Last R 2/1996	eport	
	lace of Business	2a. Mailing Address	******		4. FEI Number		A	plied For]
21		26	•		59-3236581			ot Applicable	
Suite, Apt	H OfC	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional equired	ļ
City & Stat	te	City & State		······································	6. Election Campaign Financing		\$5.00	May Be	1
23		28	····		Trust Fund Contribution			to Fees	
Zip 24	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible i	lax under s 1 No	. 199.032,	1
[24]	25 g. Name and Address of Curre	29 nt Registered Agent	30		Florida Statutes 10. Name and Address of New R				1
LOC	CKWOOD, BRIAN R PA			81 Name					1
	6 NEWBERRY RD			82 Street Add	lress (P.O. Box Number is Not Accepta	ble)			┨
GAI	NESVILLE FL 32607		į						
				83					
			Ì	84 City			85 Zip	Code	1
dd Direction	to the gravities of Castions CO7 OE	22 and 607 1609 Elorida Statut	oo the ak	Louis samed sar	position submits this statement for the	FL	obanaina i	to registered	┨
office or i	registered agent, or both, in the State	of Florida. Such change was a	uthorized	by the corpora	poration submits this statement for the dion's board of directors. I hereby acce	purpose or	changing i pintment as	registered	Ì
i	rn lamiliar with, and accept the oblig	pations of, Section 607.0505, Fig	orida Stati	utes.					
SIĞNATURE.	Signature, typical or printed name of registered ag	ent and title if applicable (NOT	E. Registered	Agent signature requi	ired when reinstating)	DATE			
12,	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 12	8
THE	PT	☐ DELETE	1.1 10	LE			Change	Addition	ð
NAME	WEIGLE, SUSAN M		1.2 NA	ME .					8
STREET ADDRESS	2600 SE 40TH ST		1.3 ST	REET ADDRESS					R2F034
CITY-S1-70P	OCALA FL 34480 VPS	DELETE		ry-ST-ZIP	The state of the s		0,000	T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Įά
111[[HEALY, DONNA M	U VELETE	2.1 1/1	i i			∟ Change	Addition	۲
NAME STREET ADDRESS	3315 SE 25TH AVE		2.2 NA	REET ADDRESS					
City-St-ZiP	OCOLA FL			TY-ST-ZIP	•				
1011	D	DELETE	3.1 7/1		· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	1
NAME	LOCKWOOD, BRIAN R PA		3.2 N						1
STREET ADDRESS	4046 NEWBERRY ROAD		3 3 \$T	REET ADDRESS					
CITY-S1-7IP	GAINESVILLE FL 32607		3 4. CI	TY-ST-ZIP					
TIBLE		DELETE	4.1 717	LE			Change	Addition]
NAME			4.2 N	AME					
STREET ADDRESS			4.3 ST	reet address					
CHY-S1-ZIP		Thorse		Y-ST-ZIP			1 0	1 1 1 100	1
TITLE		☐ DELETE	5.1 111	i			Change	Addition	
NAME			5.2 NA		•				
STREET ADDRESS				REET ADDRESS					
CITY-S1-7/F		DELETE	5.4 CI 6 1 TIT	TY-ST-ZIP			Change	Addition	1
NAME		Em) Openie	6.2 NA				- Unanyo	F-1 40000011	
STREET ADDRESS	į			REET ADORESS					
1			2.5 (1)						i i
C-TY-ST-ZIP			6.4 CT	TY-\$T-ZIP					1

14. Let 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 352-622-5996