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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000032228 (6)

1. Corporation Name  
AFIS, INC.

Principal Place of Business

2120 CORPORATE SQUARE BLVD  
SUITE 28  
JACKSONVILLE FL 32116

Mailing Address

2120 CORPORATE SQUARE BLVD  
SUITE 28  
JACKSONVILLE FL 32216-1900

3. Date Incorporated or Qualified  
04/28/1994

3a. Date of Last Report  
08/14/1996

2. Principal Place of Business

21 3734 Reedpond Dr. North  
Suite, Apt. #, etc.

2a. Mailing Address

26 3734 Reedpond Dr. North  
Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32223

Country

25 USA

City & State

28 Jacksonville FL

Zip

29 32223

Country

30 USA

4. FEI Number

59-3261892

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

SMITH, D. LAMAR  
301 W BAY ST  
MAIL BOX 22  
JACKSONVILLE FL 32202

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 D  
NAME ANSWORTH, HARRY J  
STREET ADDRESS 2120 CORPORATE SQ BLVD SUITE 28  
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ DELETE

TITLE V  
NAME ANSWORTH, LINDA L  
STREET ADDRESS 2120 CORPORATE SQ BLVD., SUITE 28  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

3734 Reedpond Dr. North  
Jacksonville FL 32223

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3734 Reedpond Dr. North  
Jacksonville FL 32223

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

Linda L. Ainsworth 3/4/97 (204) 8807106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)