SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:31

DOCUMENT # **P94000035602 (9)**

1. Corporation Name
ADVANCED MOBILE DATA, INC.

Principal Place of Business	Mailing Address
3825 HENDERSON BOULEVARD SUITE 400 TAMPA FL 33629	3825 HENDERSON BOULEVARD SUITE 400 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1994
3a. Date of Last Report: 5/9/94

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

4. FEI Number: 59-3239714 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, ROBERT W
13910 OBERLIN MANOR WAY
TAMPA FL 33613

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, typed or printed 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	D	11 TITLE		☐ Change ☐ Addition
NAME	BUTLER, ROBERT W	12 NAME		
STREET ADDRESS	13910 OBERLIN MANOR WAY	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	WHITTAKER, DENNIS R	22 NAME		
STREET ADDRESS	17309 LOCKWOOD RIDGE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DONOHOE, PAUL J	32 NAME		
STREET ADDRESS	1709 LAURIE LANE	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GOODRICH, DAVID B	42 NAME		
STREET ADDRESS	565TH AVENUE SOUTH	43 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34641	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Paul J. Donohoe 6/23/95 (813) 286-1879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Corp. Sec.

0101035 CP