SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000043061 (8)**

1. Corporation Name

DATALEC SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
~~7530 103RD CT SUITE 10~~ JACKSONVILLE FL 32210	~~7530 103RD CT SUITE 10~~ JACKSONVILLE FL 32210

2. Principal Place of Business	2a. Mailing Address
21 7451-13 103RD Street	26 7451-13 103RD Street
Suite, Apt. #, etc. 22 Suite 34	Suite, Apt. #, etc. 27 Suite 34
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.
Zip / Country 24 32210 / 25 Duval	Zip / Country 29 32210 / 30 Duval

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3245208 ☐ 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**

COY, LARRY E
~~7530 103RD CT SUITE 10~~
JACKSONVILLE FL 32210

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7451-13 103RD Street
83 Suite 34
84 City: Jacksonville **FL** 85 Zip Code: 32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: X (Signature of New Registered Agent) Larry E. Coy (Name of New Registered Agent)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	COY, LARRY E	
STREET ADDRESS	~~7530 103RD ST SUITE 10~~	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	~~D~~	☒ DELETE
NAME	~~COY, JOSEPHINE t~~	
STREET ADDRESS	~~7530 103RD CT SUITE 10~~	
CITY-ST-ZIP	~~JACKSONVILLE FL 32210~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	7451-13 103RD Street + Suite 34	
14 CITY-ST-ZIP	Jacksonville, Fl. 32210	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Larry E. Coy 8-5-96 (904) 781-2540 (Date) (Daytime Phone #)