

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 # **P94000050378 (6)**

1. Corporation Name

**INTERNATIONAL DOCUMENT SOLUTIONS, INC.**



Principal Place of Business

**101 E KENNEDY BLVD.  
SUITE 2500  
TAMPA FL 33602**

Mailing Address

**101 E KENNEDY BLVD.  
SUITE 2500  
TAMPA FL 33602**

2. Principal Place of Business

2a. Mailing Address

**21 101 East Kennedy Boulevard**

**2a P.O. Box 172609**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 2800**

**27**

City & State

City & State

**23 Tampa, Florida**

**28 Tampa, Florida**

Zip

Country

Zip

Country

**24 33602**

**25 USA**

**29 33672**

**30 USA**

3. Date Incorporated or Qualified

**07/07/1994**

3a. Date of Last Report

**04/25/1995**

4. FEI Number

**59-3260022**

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

10. Name and Address of New Registered Agent

**THORN, W. THOMPSON I  
101 EAST KENNEDY BOULEVARD, SUITE 2500  
TAMPA FL 33602**

81 Name

**W. Thompson Thorn, III**

82 Street Address (P.O. Box Number is Not Acceptable)

**101 East Kennedy Boulevard**

83

**Suite 2800**

84 City

**Tampa**

**FL**

85 Zip Code  
**33602**

11. Pursuant to the provisions of Sections 607.0502 and 607.0509, 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 607.0509, Florida Statutes.

SIGNATURE

*[Handwritten Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS** ☐ DELETE  
NAME **THORN, W. THOMPSON I**  
STREET ADDRESS **101 EAST KENNEDY BLVD., STE. 2500**  
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **DPS** ☒ Change ☐ Addition  
1.2 NAME **Thorn, W. Thompson, III**  
1.3 STREET ADDRESS **101 East Kennedy Boulevard, Ste. 2800**  
1.4 CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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

April 25, 1996

(813) 229-7600

Date

Daytime Phone #

CR2E034 (12/95)