

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 19 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000050378 (6)**

1. Corporation Name

**INTERNATIONAL DOCUMENT SOLUTIONS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>101 EAST KENNEDY BOULEVARD<br/>SUITE 2800<br/>TAMPA FL 33602<br/>US</b> | Mailing Address<br><b>P O BOX 172609<br/>TAMPA FL 33672-609<br/>US</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**07/07/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

|                                |                                    |
|--------------------------------|------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address                |
| 21 Suite, Apt. #, etc.         | 26 <b>11201 Danah Circle North</b> |
| 22 City & State                | 27 <b>Tax Department</b>           |
| 23 Zip                         | 28 <b>St. Petersburg, FL</b>       |
| 24 Country                     | 29 <b>33716</b>                    |
| 25                             | 30 <b>US</b>                       |

9. Name and Address of Current Registered Agent

**THORN, W. THOMPSON I  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA FL 33602**

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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DPS</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>THORN, W. THOMPSON I</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>101 EAST KENNEDY BLVD., STE 2800</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I 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, unchanged, or in an attachment with an address.

SIGNATURE: **W. Thompson** **2/14/98** **(813) 576-1003**

CR2E034 (10/97)