

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 # P94000051388 (4)

1. Corporation Name

DATA DELIVERIES, INC.



Principal Place of Business

Mailing Address

4676 DUCK CT
JACKSONVILLE FL 32207
US

4676 DUCK CT
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified
07/07/1994

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 3035-3 POWERS AVE

26 3035-3 POWERS AVE

4. FEI Number
59-3254857

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 32207

25 Duval

29 32207

30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACHE, JAMES F
13059 TALL TREE DRIVE SOUTH
JACKSONVILLE FL 32246

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

James F. Blache
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 P
NAME BLACHE, JAMES F
STREET ADDRESS 13059 TALL TREE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ DELETE

TITLE S
NAME BLACHE, JUDITH E
STREET ADDRESS 13059 TALL TREE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ 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

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

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

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

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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: *James F. Blache* JAMES F. BLACHE

4/25/96

448-0631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)