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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000090476 (0)

REALDATA SERVICES, INC.

FILED
Apr 23 1997 8:00am
Secretary of State

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| Principal Place of Business Mailing Address |  |                                  |                                |   |                                |   |                           |                                   |          |  |
|---|--|----------------------------------|--------------------------------|---|--------------------------------|---|---------------------------|-----------------------------------|----------|--|
| •   |  |                                  |                                |   |                                |   |                           |                                   |          |  |
| 3620 N.E. 6TH PLACE<br>SUITE 6              |  | SUITE 6                          | 3620 N.E. 8TH PLACE<br>SUITE 6 |   |                                |   |                           |                                   |          |  |
| OCALA FL 3447                               | 70   | OCALA FL 34470-1000              |                                |   |                                |   |                           |                                   |          |  |
|   |  |                                  |                                |   |                                | <ol> <li>Date Incorporated or Qualified</li> <li>12/14/1994</li> </ol>              | 3a. Date of t<br>04/30/19 |                                   | ort      |  |
| 2. Principal P                              | 2a. Mailing Address  | Mailing Address                  |                                |   | 4. FEI Number                  |   | Applied For               |                                   |          |  |
| 21  |  | 26                               |                                |   |                                | 59-3282203  |                           | Not Applicable                    |          |  |
| Suite, Apt.                                 | #, etc.  | Suile, Apt. #, etc.              |                                |   |                                | 5. Certificate of Status Desired  |                           | \$8.75 Additional<br>Fee Required |          |  |
| City & Stat                                 | City & State   | City & State                     |                                |   | 6. Election Campaign Financing | \$5.00 May Be   |                           |                                   |          |  |
| 23  |  | 28                               |                                |   | <del></del>                    | Trust Fund Contribution   | <u> </u>                  | dded to l                         | Fees     |  |
| ZID   | Country  |                                  |                                | <ol> <li>This corporation has liability for intangible tax under s. 199.032,</li> </ol> |                                |   |                           |                                   |          |  |
| 24  | [25]   | [29]                             | 30                             |   |                                |   | Yes No                    |                                   |          |  |
| ATT   | 9. Name and Address of Currer  | it Hegistered Agent              |                                | 81  | Name                           | 10. Name and Address of New Rec   | istered Agent             |                                   |          |  |
|   | URER, SUE W.   |                                  |                                | "   | ( varie                        |   |                           |                                   |          |  |
|   | N.E. 28TH TERRACE  |                                  |                                | 82  | Street Add                     | lress (P.O. Box Number is Not Acceptabl   | e)                        |                                   |          |  |
| UCA   | LA FL 34479  |                                  |                                | 83  | <del></del>                    |   |                           |                                   |          |  |
| !<br>                                       |  |                                  |                                | 03  | I                              |   |                           |                                   | ļ        |  |
|   |  |                                  |                                | 84  | City                           |   | <b>9-1</b> 85             | Zip Co                            | de       |  |
| -   | 10   | 1007.4000.45-61-0                |                                |   |                                |   | FL  °°                    |                                   |          |  |
| office or r                                 | registered agent, or both, in the State<br>im familiar with, and accept the oblig- | of Florida. Such change was      | authorized                     | d by  | the corpora                    | poration submits this statement for the pution's board of directors. I hereby accep | t the appointme           | ing its r                         | gistered |  |
| SIGNATURE                                   | Signature, typed or printed name of registraed agr                                 | on and till discolorable (NO     | TE Registore                   | d Ane   | ent Signal Ire repor           | ined when reinstating)  | DATE                      |                                   |          |  |
| 12.   |  | D DIRECTORS                      | 13.                            |   |                                | ADDITIONS/CHANGES TO OFFICE   |                           | CTORS                             | IN 12    |  |
| TITLE                                       | D  | DELETE                           | 1.1 10                         | TLF   |                                |   | ☐ CF                      |                                   | Addition |  |
| NAME  | STEURER, SUE   |                                  | 1.2 N/                         | AME   |                                |   |                           |                                   |          |  |
| STREET ADDRESS                              | 3860 N.E. 28TH TERR.   |                                  | 1.3 S1                         | REET  | AUDRESS                        |   |                           |                                   |          |  |
| CITY-ST-ZIP                                 | OCALA FL 34479   |                                  | 1.4 CI                         | IY-S  | T-21P                          |   |                           |                                   | )        |  |
| TITLE                                       | D  | DELETE                           | 2.1 TI                         |   |                                |   | ☐ Cr                      | ange                              | Addition |  |
| NAME  | WAUGH, REBA S 22N  |                                  | MF.                            |   |                                |   |                           |                                   |          |  |
| STREET ADDRESS                              | A CAN ALL MARKET MARKET  |                                  | 2.3 STREET ADDRESS             |   | ADDRESS                        |   |                           |                                   |          |  |
| CITY-ST-ZIP                                 | OCALA FL 34479   |                                  | 2 4 C                          | HY-S  | S1 - 7IP                       |   |                           |                                   |          |  |
| TITLE                                       | D  | DELETE                           | 3 1 1                          |   |                                |   | Cr                        | ange                              | Addition |  |
| NAME  | WAUGH, GREGORY W   |                                  | 3 2 N/                         | AMF   |                                |   |                           |                                   |          |  |
| STREET ADDRESS                              | 5185 N.E. 22ND TERR.   |                                  | 3.3 \$1                        | REE1  | ADDRESS                        |   |                           |                                   |          |  |
| CITY-ST-ZIP                                 | OCALA FL 34479   |                                  | 3.4. C                         | ΠY-5  | S1-2IP                         |   |                           |                                   | Ì        |  |
| TITLE                                       |  | DELETE                           | 4.1 T(                         | 116   |                                |   | Ct                        | ange [                            | Addition |  |
| NAME  |  |                                  | 4.2 N                          | AME   |                                |   |                           |                                   |          |  |
| STREET ADDRESS                              |  |                                  | 4.3 S1                         | REET  | ADDRESS                        |   |                           |                                   |          |  |
| CITY-ST-ZIP                                 |  |                                  | 4.4 C)                         | TY-S  | 1 - 7IP                        |   |                           |                                   |          |  |
| TITLE                                       |  | DELETE                           | 5.1 10                         | ILE   |                                |   | ☐ Ch                      | ange [                            | Addition |  |
| NAME  |  |                                  | 5.2 N/                         | ME  |                                |   |                           |                                   |          |  |
| STREET ADORESS                              |  |                                  | 5.3 ST                         | REET  | ADDRESS                        |   |                           |                                   |          |  |
| CITY-ST-ZIP                                 |  |                                  | 5.4 Cf                         | 1Y-\$   | 1 - ZIP                        |   |                           |                                   |          |  |
| TITLE                                       |  | ☐ DELETE                         | 6 1 Til                        | TLE   |                                |   | ☐ Ct                      | ange [                            | Addition |  |
| NAME  |  |                                  | 6.2 NA                         | AME   |                                |   |                           |                                   |          |  |
| STREET ADDRESS                              |  |                                  | 6.3 \$1                        | REET  | ADDRESS                        |   |                           |                                   |          |  |
| CITY-ST-ZIP                                 |  |                                  | 6.4 CI                         | 1Y - S  | 1 - ZIP                        |   |                           |                                   |          |  |
| 44 Ldo bere                                 | by partify that the information cumplic  | durity this filing door not qual | ifu for the                    | 040   | motion state                   | d in Section 119 07/3)(i) Florida Statutos  | Liturther partify         | that the                          |          |  |

I have received by certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(i), Horida Statutes. Hurther 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 eath; 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: Sue W Stewn Sie W Stewer 4/4/97 352-624-2002