

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 # P95000007392 (0)

1. Corporation Name

DATA NOTIONS INC



Principal Place of Business

5590 BEE RIDGE RD
SUITE A-5
SARASOTA FL 34233

Mailing Address

5590 BEE RIDGE RD
SUITE A-5
SARASOTA FL 34233

2. Principal Place of Business

21 5560 BEE RIDGE RD

Suite, Apt. #, etc.

22 D-2

City & State

23 SARASOTA FL

Zip

24 34233

Country

25 USA

2a. Mailing Address

26 5560 BEE RIDGE RD

Suite, Apt. #, etc.

27 D-2

City & State

28 SARASOTA FL

Zip

29 34233

Country

30 USA

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

4. FEI Number

65-0553 643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

JENWARD, DAREN
5590 BEE RIDGE RD
SUITE A-5
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

KENWARD, DAREN

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

5560 BEE RIDGE RD

SUITE D-2

84 City

SARASOTA

FL

85 Zip Code

34233

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

D. Kenward

DAREN KENWARD

4-26-96

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	☐ DELETE
NAME	KENWARD, DAREN	
STREET ADDRESS	5590 BEE RIDGE RD SUITE A-5	
CITY-ST-ZIP	SARASOTA FL 34233	
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

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	KENWARD, DAREN	
1.3 STREET ADDRESS	5560 BEE RIDGE RD, D-2	
1.4 CITY-ST-ZIP	SARASOTA FL 34233	
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:

D. Kenward

DAREN KENWARD

4-26-96

941 362 3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)