

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022403 (6)

1. Corporation Name

SOURCE IDENTICS, INC.

FILED
Apr 21 1997 8:00am
Secretary of State



Principal Place of Business

100 CAY LOBOS COURT, SUITE 2905
PONTE VEDRA BEACH FL 32082

Mailing Address

100 CAY LOBOS COURT, SUITE 2905
PONTE VEDRA BEACH FL 32082-1272

2. Principal Place of Business

21 111 30th Ave South

Suite, Apt. #, etc.

22 City & State

23 Jacksonville Beach, FL

Zip Country

24 32250

2a. Mailing Address

26 111 30th Ave South

Suite, Apt. #, etc.

27 City & State

28 Jacksonville Bch. FL

Zip Country

29 32250

30

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

19-3298579

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

FORREST, CARLA L
100 CAY LOBOS COURT, SUITE 2905
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

81 Name

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

83 111 30th Avenue South

84 City

85 Jacksonville Beach

FL

86 Zip Code

32250

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

Carla L. Forrest

Carla L. Forrest

3/12/97

Signature of person authorized to change registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME FORREST, CARLA L

STREET ADDRESS 100 CAY LOBOS COURT, SUITE 2905

CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE S ☐ DELETE

NAME FORREST, GARY E

STREET ADDRESS 9120 NESBIT LAKES DRIVE

CITY-ST-ZIP ALPHARETTA GA 30202

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 ☐ 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

4. I do 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 23 if changed, or on an attachment with an address.

SIGNATURE:

Carla L. Forrest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

OR DIRECT

3/17/97

DATE

904-246-5334

Daytime Phone #

0016425

CR2E034 (9/96)