

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 # P95000025383 (7)

1. Corporation Name

LOGICAL DATA SYSTEMS, INC.



Principal Place of Business

2891 CENTER POINT DRIVE  
SUITE 207  
FORT MYERS FL 33916

Mailing Address

2891 CENTER POINT DRIVE  
SUITE 207  
FORT MYERS FL 33916

3. Date Incorporated or Qualified

03/29/1995

3a. Date of Last Report

2. Principal Place of Business

21 1560 MATTHEW DRIVE

Suite, Apt. #, etc.

22 SUITE I

City & State

23 FORT MYERS, FL

Zip

24 33907

Country

25 LEE

2a. Mailing Address

26 1560 MATTHEW DRIVE

Suite, Apt. #, etc.

27 SUITE I

City & State

28 FORT MYERS, FL

Zip

29 33907

Country

30 LEE

4. FEI Number

65-0580838

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

HAMBRUCH, JO ANN  
18653 MIAMI BOULEVARD, S.E.  
FORT MYERS FL 33912

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

TITLE D  
NAME HAMBRUCH, STEVE  
STREET ADDRESS 18673 MIAMI BLVD., S.E.  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ DELETE

TITLE D  
NAME HAMBRUCH, JO ANN  
STREET ADDRESS 18673 MIAMI BLVD., S.E.  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ DELETE

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/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE S/T/D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME HAMBRUCH, JANA M.  
3.3 STREET ADDRESS 18673 MIAMI BLVD., SE  
3.4 CITY-ST-ZIP FORT MYERS, FL 33912

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO HAMBRUCH, SEC/TREAS. 03/12/96

Date

(941) 267-6774

Daytime Phone #

CR2E034 (12/95)