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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90019 028 \*\*\*150 00

DOCUM  1. Corporation	MENT # P95000	032625			02 03 1333 30013 020	70.00	
	OIGITAL LOGIC, INC.				1		
<b>-</b>		·					
Principal Place of Business Mailing Address				<del> </del>	 	1 (() <b>10</b> ) ( <b>310 8</b> ) ( ( 3 )	881 \$111 ISB1
RT. 4. BOX 751-B							
PALATKA FL 32177		PALATKA FL 32177		•	DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualifed		
					04/24/1995		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21 26 26			`		59-3308572		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac	I	
22		27			45.00		
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23			Country	<del></del> ;	8. This corporation owes the current year In		/
Zip	Country	Zip	¬ ••• • • • • • • • • • • • • • • • • •		Personal Property Tax.	Yes	No
24	9. Name and Address of Curre		<u> </u>	***	10. Name and Address of New Registered		
· · · · · ·	g. Name and Address of Curre	III (toglotorous v.g.	81	Name			
BRAN	•	82 Street Add		ess (P.O. Box Number is Not Acceptable)			
RT. 4, BOX 751-B				Oli COL 7 IGGI.		<u> </u>	
PALA	TKA FL 32177	•	83	·		1	
	•		84	City		85 Zip C	ode
				•	oration submits this statement for the purpose on's board of directors. I hereby accept the app		intored
	Signature typed or printed name of registered ag	ent and title if applicable. (NOTE: R	Registered Agent		oration submits this statement for the purpose on's board of directors. I hereby accept the app	41	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE		•,		
NAME	BRANHAM, DENNY RT. 4, BOX 751-B		1.2 NAME	4DDDECC			,
STREET ADDRESS			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				l
CITY-ST-ZIP	PALATKA FL 32177	☐ DELETE	2.1 TITLE	-21		Change	☐ Addition
TITLE			2.2 NAME	·			+
NAME		•	2.3 STREET	ADDRESS			
STREET ADDRESS		2.4		T-ZIP	·		- · · · · ·
CITY-ST-ZIP		☐ DELETE	3.1 TITLE			Change	Addition
NAME		•	3.2 NAME	1	•		
STREET ADDRESS	20.26		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		•	\$1.0.190	
NAME	La Company		4. 2 NAME				
STREET ADDRESS	2	•	4.3 STREET		•		ļ
CITY-ST-ZIP	-:	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE		- Detric	5.1 HILE 5.2 NAME				
NAME	]			TADDRESS			
STREET ADDRESS	`		5.4 CITY-S	T-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
3.,			6.4 CITY-S	T-ZIP	•		

14. I 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 13 if chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**