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 # **P95000045826 (1)**

1. Corporation Name

FAILSAFE DATA PROTECTION, INC.

Principal Place of Business	Mailing Address
4725 NW 28TH TER GAINESVILLE FL 32605	4725 NW 28TH TER GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 06/06/1995 | 3a. Date of Last Report:

2. Principal Place of Business 21	4210 NW 70th Terr. Gainesville, FL 32606	2a. Mailing Address 26	4210 NW 70th Terr Gainesville, FL 32606
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	Gainesville, FL	City & State 28	Gainesville, FL
Zip 24	32606	Country 25	~~Abort~~
Zip 29	32606	Country 30	

4. FEI Number: 59-3330944 ☐ 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

BERGERON, MARK A
4725 NW 28TH TER
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4210 NW 70th Terr

83

84 City: Gainesville **FL** 85 Zip Code: 32606

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 _____ NOTE: Registered Agent Signature required on new filings. DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	BERGERON, MARK A		1.2 NAME		
STREET ADDRESS	4725 NW 28TH TER		1.3 STREET ADDRESS	4210 NW 70th Terr	
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	BERGERON, LOUISE A		2.2 NAME		
STREET ADDRESS	4725 NW 28TH TER		2.3 STREET ADDRESS	4210 NW 70th Terr	
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: Mark A. Bergeron 3/25/96 (904) 337-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #