

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90039 048 ***150.00

DOCUMENT # **P95000056416**

1. Corporation Name

PRAXIS INFORMATION GROUP (P.I.G.), INC.



Principal Place of Business
**3620 NORTH EAST 8TH PLACE
SUITE 12
OCALA FL 34470**

Mailing Address
**3620 NORTH EAST 8TH PLACE
SUITE 12
OCALA FL 34470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1995

4. FEI Number

59-3325637

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 111 S.W. 17th STREET

26 111 S.W. 17th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 100

27 # 100

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip Country

Zip Country

24 34474

29 34474

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANCHARD, DOCK A ESQ.
4 S.E. BROADWAY
OCALA FL 34471**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PV
CARTER, DAVID J SR.
3530 S.W. 7TH STREET
OCALA FL 34474**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP