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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056416

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

Principal Place of Business Mailing Address 3620 NORTH EAST 8TH PLACE 3620 NORTH EAST 8TH PLACE SUITE 12 SUITE 12 OCALA FL 34470 OCALA FL 34470 2. Principal Place of Business 2a. Mailing Address III S.WITH STREET III S. W 17th STREET 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 100 100 27 City & State City & State OCALA FL 28 Country Country Zip 29 25

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

03-06-1999 90039 048 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/18/1995 4. FEI Number Applied For 59-3325637 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent BLANCHARD, DOCK A ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 4 S.E. BROADWAY OCALA FL 34471 83 Zip Code 84 City 85 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 when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE CARTER, DAVID J SR. 1.2 NAME NAME 3530 S.W. 7TH STREET 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 34474 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 21 TITLE Change TITLE CARTER, DAVID J JR. 2.2 NAME NAME 3530 S.W. 7TH STREET 2.3 STREET ADDRESS STREET ADDRESS OCALA FL 34474 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-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 suppliementary on an 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, with all other like ampowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)