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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000056878 (8)**

1. Corporation Name

DATA CENTRAL, U.S., INC.



Principal Place of Business

**1111 NE 25TH AVE., SUITE 101
OCALA FL 34470**

Mailing Address

**1111 NE 25TH AVE., SUITE 101
OCALA FL 34470-5665**

3. Date Incorporated or Qualified **07/24/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

21 108 N Magnolia Avenue

Suite, Apt. #, etc.

22 Suite 102

City & State

23 Ocala, FL

Zip

24 34475

Country

25 Marion

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0597296

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

**PEEK, ALBERT
1111 NE 25TH AVE., SUITE 101
OCALA FL 34470**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PEEK, ALBERT**
STREET ADDRESS **1111 NE 25TH AVE., SUITE 101**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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** ☐ Change ☒ Addition
1.2 NAME **Douglas M. Avery**
1.3 STREET ADDRESS **108 N Magnolia Ave, Suite 102**
1.4 CITY-ST-ZIP **Ocala, FL 34475** ☐ Change ☒ Addition

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Annie M. Avery**
2.3 STREET ADDRESS **108 N Magnolia Ave, Suite 102**
2.4 CITY-ST-ZIP **Ocala, FL 34475** ☒ Change ☐ Addition

3.1 TITLE **V** ☒ Change ☐ Addition
3.2 NAME **Albert Peek**
3.3 STREET ADDRESS **108 N magnolia Ave, Suite 102**
3.4 CITY-ST-ZIP **Ocala, FL 34475** ☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE: **X**

Douglas M. Avery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/97

Date

352/402-0007

Daytime Phone #

0437054

CR2E034 (9/96)