SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000065361 (4)**

1. Corporation Name
INFORMATION USA, INC.

Principal Place of Business
9438 U.S. 19 N.
SUITE 125
PORT RICHEY FL 34668

Mailing Address
9438 U.S. 19 N.
SUITE 125
PORT RICHEY FL 34668

3. Date Incorporated or Qualified: 08/22/1995
3a. Date of Last Report: 08/22/95

2. Principal Place of Business
21 3911 Marine PKwy
Suite, Apt. #, etc.
22

2a. Mailing Address
26 3911 Marine PKwy
Suite, Apt. #, etc.
27

4. FEI Number: 59-3346566 — 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

City & State
23 New Port Richey, Florida
Zip 24 34652
Country 25 ~~U.S.A~~ PASCO

City & State
28 New Port Richey, Florida
Zip 29 34652
Country 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GLENN, JOHN
3911 MARINE PARKWAY
NEW PORT RICHEY FL 34652

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 _____ DATE _____
Signature (typed or printed) of registered agent and the date adopted (NOTE: Registered Agent's signature required when new agent)

12. OFFICERS AND DIRECTORS

TITLE	P, VP, T, D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JOHN Glenn-CHAIRMAN ☐ Change ☑ Addition
1.2 NAME	John Glenn
1.3 STREET ADDRESS	3911 MARINE PKWY.
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FLORIDA 34652
2.1 TITLE	ANNA M. Glenn-SECRETARY ☐ Change ☑ Addition
2.2 NAME	ANNA M. Glenn
2.3 STREET ADDRESS	3911 MARINE PARKWAY
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FLORIDA 34652
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Glenn — 6/3/96 — 813-848-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0122618 CP