

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90049 022 ***150.00

DOCUMENT # P95000066253

1. Corporation Name
PURVIS DATA PROS, INC.



Principal Place of Business
104 ORANGE BLOSSOM CIRCLE
ALTAMONTE SPRINGS FL 32779

Mailing Address
~~104 ORANGE BLOSSOM CIRCLE~~
~~ALTAMONTE SPRINGS FL 32779~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3105 Carnegie Cir	26 118 W. Orange ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Tyler, TX	27
City & State	City & State
23 Tyler, TX	28 Altamonte Springs FL
Zip	Zip
Country	Country
24 75701	29 32714
25 USA	30 USA

3. Date Incorporated or Qualified	08/25/1995
4. FEI Number	59-7055653
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

PURVIS, MARYBETH
~~104 ORANGE BLOSSOM CIRCLE~~
~~ALTAMONTE SPRINGS FL 32779~~

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	118 W. Orange ST
83	
84 City	Altamonte Springs FL
85 Zip Code	32714

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, MARYBETH	1.2 NAME	
STREET ADDRESS	104 ORANGE BLOSSOM CIRCLE	1.3 STREET ADDRESS	3105 Carnegie Circle
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32779	1.4 CITY-ST-ZIP	Tyler, TX 75701-6667
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, JAMES	2.2 NAME	
STREET ADDRESS	104 ORANGE BLOSSOM CIRCLE	2.3 STREET ADDRESS	3105 Carnegie Circle
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Tyler, TX 75701-6667
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/99

Daytime Phone #

(903) 520-3243

CR2E034 (11/98)

05426890