

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

Pg. 1 of 2

97 MAY 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000067852 (0)**

1. Corporation Name
ALPHA INFORMATION SERVICES, INC.



Principal Place of Business
**2001 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

Mailing Address
**2001 THOMASVILLE ROAD
TALLAHASSEE FL 32312-3333**

3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report 08/05/1996
4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**BOND, CHARLES L
2001 THOMASVILLE ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	200102162892-8 -05/02/97-01033-001 ****330.00 1342165.00 FL
84 City	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, CHARLES L	1.2 NAME	
STREET ADDRESS	2001 THOMASVILLE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32312	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 4-30-97 9041851000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

pg. 2 of 2

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1	Name of applicant (Legal name) (See instructions.) ALPHA INFORMATION SERVICES, INC	
2	Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a	Mailing address (street address) (room, apt., or suite no.) 2001 THOMASVILLE ROAD	
4b	City, state, and ZIP code TALLAHASSEE, FL 32312	5b City, state, and ZIP code
6	County and state where principal business is located LEON, FLORIDA	
7	Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► CHARLES L BOND	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> REMIC	<input type="checkbox"/> State/local government	<input type="checkbox"/> Limited liability co.	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal Government/military	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> Other (specify) ►		<input type="checkbox"/> Trust	<input type="checkbox"/> Farmers' cooperative
		<input type="checkbox"/> Church or church-controlled organization	

8b If a corporation, name the state or foreign country State **FLORIDA** Foreign country

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ►	<input type="checkbox"/> Banking purpose (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) **9/1/95** 11 Closing month of accounting year (See instructions.) **12/31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural	Agricultural	Household
-----------------	--------------	-----------

14 Principal activity (See instructions.) ► **Sales of Information Services**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check the appropriate box. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► **Alpha Data Systems** Trade name ► **Alpha Business Forms**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed
7-1988 TALLAHASSEE FL
Previous EIN **59-2864215**
59-2899525

Under penalties of perjury, I declare that I am an authorized representative of the applicant and that the information furnished is true and correct and complete.

Name and title (Please type or print clearly.) ► Charles L. Bond	Business telephone number (include area code) 904 385 4000
	Fax telephone number (include area code) 904 385 4063

Signature ► *Ch L Bond* Date ► **5/3/97**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------