

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 # P95000070978 (8)

1. Corporation Name

CORE DATA CORPORATION



Principal Place of Business

Mailing Address

6225 QUAIL VALLEY ROAD  
TALLAHASSEE FL 32308

6225 QUAIL VALLEY ROAD  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

2. Principal Place of Business

21 9500 SATELLITE BLVD

2a. Mailing Address

26 9500 SATELLITE BLVD

4. FEI Number

59-3344807

Applied For

Not Applicable

22 Suite, Apt #, etc

S-200

27 Suite, Apt #, etc.

S-200

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

ORLANDO, FL

28 City & State

ORLANDO, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

32837

25 Country

USA

29 Zip

32837

30 Country

USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINS, JOHN P  
6625 QUAIL VALLEY ROAD  
TALLAHASSEE FL 32308

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 ☐ DELETE

NAME  
D WILKINS, JOHN P  
STREET ADDRESS  
6625 QUAIL VALLEY ROAD  
CITY-ST-ZIP  
TALLAHASSEE FL 32308

TITLE ☐ DELETE

NAME  
D JOHNSTON, R. NEILL  
STREET ADDRESS  
474 CLUB TRAIL N.  
CITY-ST-ZIP  
MELBOURNE FL 32901

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

*R. Neill Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 (407) 888-9950  
Date Date/Time Phone #

CR2E034 (3/96)