

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089424 (2)

1. Corporation Name

FLORIDA INFORMATION MANAGEMENT, INC.



Principal Place of Business

6478 76TH TER. N.
PINELLAS PARK FL 34665

Mailing Address

6478 76TH TER. N.
PINELLAS PARK FL 34665

2. Principal Place of Business

21 6478 76th Terr.

Suite, Apt. #, etc.

22

City & State

23 Pinellas Park, FL

Zip

24 34665

Country

25 Pinellas

2a. Mailing Address

26 6478 76th Terr.

Suite, Apt. #, etc.

27

City & State

28 Pinellas Park, FL

Zip

29 34665

Country

30 Pinellas

3. Date Incorporated or Qualified

11/20/1995

3a. Date of Last Report

4. FEI Number

59-3345301

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

g. Name and Address of Current Registered Agent

JONES, KATHALEEN E
6478 76TH TER. N.
PINELLAS PARK FL 34665

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

Kathaleen E. Jones

Kathaleen E. Jones, Director

5-20-96

Signature, typed or printed name of registered agent and block if applicable

Typed Name of Registered Agent (Signature Required When Reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME JONES, KATHALEEN E
STREET ADDRESS 6478 76TH TER. N.
CITY - ST - ZIP PINELLAS PARK FL 34665

☐ DELETE

TITLE D
NAME JONES, WAYNE M
STREET ADDRESS 6478 76TH TER. N.
CITY - ST - ZIP PINELLAS PARK FL 34665

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathaleen E. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96

Date

813-545-8383

Daytime Phone #

CR2E034 (12/95)