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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000035241 (4)

DATA BACKUP, INC.

Principal Place of Business

SARASOTA FL 34241

2. Principal Place of Business

7501 WEEPING WILLOW BLVD.

Mailing Address

2a. Mailing Address

26

7501 WEEPING WILLOW BLVD. SARASOTA FL 34241

## **FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1996

4. FEI Number

City & State  Country  Country	21		26			65-0669988	No	ot Applicable	
City & State   City	Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			E Cortificate of Status Desired	\$8.75	Additional	
Zip	22		27			5. Certificate of Status Desired	Fee Re	gulred	
Zip	City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
29	23					Trust Fund Contribution	Added	to Fees	
8. Name and Address of Current Registered Agent R. JOHN COLE, II, ESQUIRE 46 NORTH WASHINGTON BLVD., SUITE 12 SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. 1 am insmillar with and accept the obligations of, Section 607,0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 am insmillar with and accept the obligations of, Section 607,0502, Florida Statutes  SIGNATURE Suprature, types or period name of registered agent and this of acceptable on CV,0505, Florida Statutes  SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. MARK STREET ADDRESS CITY-ST-2P  TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  22 NAME 23 STREET ADDRESS CITY-ST-2P  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  22 NAME 23 STREET ADDRESS CITY-ST-2P  16. Change Addition 24 NAME 25 NAME 25 STREET ADDRESS 26 NAME 26 STREET ADDRESS 26 NAME 27 NAME 28 STREET ADDRESS 27 NAME 28 STREET ADDRESS 28 ADDRE		Country	Zip	_ Countr	У				
R. JOHN COLE, II, ESQUIRE 46 NORTH WASHINGTON BLVD., SUITE 12 SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 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 agent, it am formiliar with, and accept the obligations of, Section 607,6505, Florida Statutes.  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 agent. I am formiliar with, and accept the obligations of, Section 607,6505, Florida Statutes.  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. SADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. STREET ADDRESS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  29. TIME  29. STREET ADDRESS  29. STREET ADDRESS  29. ACITY-ST-ZP  10. Change Addition  NAME  10. STREET ADDRESS  20. ACITY-ST-ZP  10. Change Addition  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  29. STREET ADDRESS  29. ACITY-ST-ZP  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  20. ACITY-ST-ZP  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  20. ACITY-ST-ZP  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  20. ACITY-ST-ZP  10. ADD	24		1 1	0				_  No	
A6 NORTH WASHINGTON BLVD., SUITE 12 SARASOTA FL 34236  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code   85   87   88 Zip Code   86   87   88 Zip Code   87   88 Zip Code   88   88 Zip Code   89   89 Zip Code   89   89 Zip Code   89 Zip Code   80 Zip Code   80 Zip Code   81   80 Zip Code   81   80 Zip Code   82 Zip Code   83   84 Zip Code   84 Zip Code   85 Zip Code   86 Zip Code   86 Zip Code   87 Zip Code   88 Zip Code   88 Zip Code   89 Zip Code   89 Zip Code   80 Zip Code	g. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
SARASOTA FL 34236    B3	R. JOHN COLE, II, ESQUIRE				Name				
State   Stat					Street Addre	ss (P.O. Box Number is Not Acceptable)		- · · · · -	
11. Pursuant to the provisions of Sections SC7.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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, and the many with. and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  O DELETE  11 TITLE  MONTONEY, JIM  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  2.3 TITLE  DELETE  3.3 RABGOTA FL 34241  1.4 CITY-ST-ZIP  DELETE  3.4 CITY-ST-ZIP  TITLE  DELETE  3.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.4 TITLE  DELETE  4.4 TITLE  DELETE  4.5 TITLE  DELETE  Addition  Additio					<u></u>				
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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 are than itemiliar with and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    12.				ا ا	0.1.5	FL	_	1	
SIGNATURE   Signature, typed or printed name of registered agent and till if applicable   (NOTE: Registered Agent signature reculted when reliminating)   DATE	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								
SIGNATURE   Signature, types or printed name of registered agent and till ell applicable   (NOTE Registered Agent signature required when relintating)   DATE	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.								
NOTE   Post									
TITLE	SIGNATIONE	Signature, typed or printed name of registered agent	and title if applicable (NOTE. I	registered Ag	ent signature required				
MONTONEY, JIM   12 NAME   13 STREET ADDRESS	12.			13.		ADDITIONS/CHANGES TO OFFICERS AND			
STREET ADDRESS   T501 WEEPING WILLOW BLVD.   1.3 STREET ADDRESS   SARASOTA FL 34241   1.4 CITY-ST-ZIP     Change   Addition   Addi	TITLE	•	☐ DELETE	1.1 TITLE	İ		Change	☐ Addition	
Addition   Change   Change   Change   Change   Change   Change   Change   Change   Change   Addition   Change   Addition   Change   Ch	NAME	MONTONEY, JIM		1.2 NAME				1	
TITLE	STREET ADDRESS	7501 WEEPING WILLOW BLVD.	•	1.3 STREE	T ADDRESS				
NAME	CITY - ST - ZIP	SARASOTA FL 34241		1.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
23 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition	
CITY-ST-ZIP	NAME			2.2 NAME					
TITLE	STREET ADDRESS			2.3 STREE	T ADDRESS				
NAME	CITY-ST-ZIP			2. 4 CMY-	ST-ZIP			į	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE		DELETE	3.1 TITLE			Change	Addition	
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TITLE	STREET ADDRESS			3.3 STREE	T ADDRESS			1	
TITLE	CITY-ST-ZIP			3,4. CITY-	ST-ZIP				
STREET ADDRESS		/	DELETE				Change	Addition	
STREET ADDRESS	NAME			4. 2 NAME					
CITY-ST-ZIP	1			4.3 STREE	T ADDRESS				
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CITY-SI-ZIP         5.4 CITY-SI-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME	NAME		<b>*</b>	5.2'NAME	1	•		ļ	
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TITLE				4					
NAME 6.2 NAME			DELETE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
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And A supply to a	1				r ADDRESS			\	
CITY-SI-ZIP 64 CITY-SI-ZIP	- 1				- 1				
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	14. I hereby ce	ertify that the information supplied with	this filing does not qualify for t	he exemp	tion stated in S	ection 119.07(3)(i), Florida Statutes. I further ce	ertify that the	information	

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:

Applied For