


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

FILED

Apr 14 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|---|
| DOCUMENT # P96000043049 (1) | | | |
| 1. Corporation Name DATA AUTOMATION, INC. | | | |
| Principal Place of Business 5911 PHILLIPS HWY. JACKSONVILLE FL 32247 | | Mailing Address 5911 PHILLIPS HWY. JACKSONVILLE FL 32216-5916 | |
| 2. Principal Place of Business 21 6950 Philips Hwy Suite, Apt. #, etc. 22 Suite # 35 City & State 23 Jacksonville FL. Zip 24 32216 | | 2a. Mailing Address 26 PO Box 550829 Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL. Zip 29 32255 Country 30 USA | |
| 3. Date Incorporated or Qualified 05/10/1996 | | 3a. Date of Last Report | |
| 4. FEI Number 59-3388401 | | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent SLOTT, ARNOLD H 334 E. DUVAL ST. JACKSONVILLE FL 32202 | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | WILKERSON, JAMES R JR. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5911 PHILLIPS HWY. | 1.2 NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32247 | 1.3 STREET ADDRESS | |
| TITLE | D <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| NAME | MEREDITH, LEWIS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5911 PHILLIPS HWY. | 2.2 NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32247 | 2.3 STREET ADDRESS | |
| TITLE | D <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| NAME | SULLIVAN, JOSEPH | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5911 PHILLIPS HWY. | 3.2 NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32247 | 3.3 STREET ADDRESS | |
| TITLE | D <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| NAME | COVINGTON, BARRY W | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 5911 PHILLIPS HWY. | 4.2 NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32247 | 4.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| NAME | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |
| NAME | | | |
| STREET ADDRESS | | | |
| 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: James R. Wilkerson Jr | | Date: 4-10-97 Daytime Phone: 904-296-1234 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

CR2E034 (9/96)