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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000048656

1. Corporation Name

ADVANCED EDI AND BARCODING CORP

Principal Place	e of Business	Mailing Address								
5525 GRANDE LAGOON BLVD PENSACOLA FL 32507		5525 GRANDE LAGOON BLVD PENSACOLA FL 32507				DO NOT WRITE IN THI 3 SPACE				
							Incorporated or Qualif 5/1996	ed		
Principal Place of Business     2a. Mailing Address						4. FEIN	lur nber		Ap	plied For
21		26				59-3	392430		No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certif	rtifcate of Status Desired See Required			
City & State	е	City & State				6. Electior Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Country 25		Zip [3	Countr 30	у		8. This corporation owes the current year Intangible Personal Property Tax.     Yes   No				
	9. Name and Address of Curre	nt Registered Agent				10. Nam	e and Address of Ne	w Registere	al Agent	
			81	1	Name					
Davis, Phyllis 5525 grande lagoon blvd			82	2	Street Addr	ess (P.O. Bo	ox Number is Not Acco	eptable)		
PEN	SACOLA FL 32507		83	3						
			84	4	City				85 Zip	Cc de
								F		
office o∴r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State in familiar with and accent the Schler	of Florida. Such change was au ons of, Section 607.0505, Flori	thorized by da Statute	yt⊓ es.	ne corporano	on s board o	i d rectors. I nereby ac	coer the app	ointment as re	egi stered
	ofignature, typed of printed nar ie of registered age	ant and title if applicable (NOTE :	13.	ant s	signature required		IC NS/CHANGES TO		AND DIRECTO	ORS IN 12
12.	JFFICERS AI	NC DIRECTORS	1.1 TITLE		<del></del>	ADDIT	TE NOICHANGEO 10	OI TIOLING A	☐ Change	Addition
TITLE	, ,	☐ DELETE	ı						oogo	
NAME	DAVIS, PHYLLIS		1.2 NAME		!					
STREET ADDRESS	1		1.3 STREE							
CITY-ST-ZIP	PENSACOLA FL 32507	Flores	1.4 CITY-ST-ZIP		ZIP			<del></del>	Change	Addition
TITLE	S	☐ DELETE	2.1 TITLE						Change	[_] Addition
NAME	MINIK, MARK		2.2 NAME							
STREET ADDRESS			2 3 STRE	ET A	DDRESS					
CITY-ST-ZIP	PENSACOLA FL 32507		2.4 CITY-		ZIP					Addition
TITLE		☐ DELETÉ	3.1 TITLE						Change	☐ Addition
NAME			3.2 NAME							
STREET ADDRE 3S			3 3 STREET ADDRESS		.DDRESS					
CITY-ST-ZIP				4 CITY-ST-ZIP						
TITLE	DELETE 4		4 1 TITLE	1 TITLE					☐ Change	Addition
NAME			4. 2 NAM	Е						
STREET ADDRE 3S			4.3 STRE	ET A	LODRESS					
CITY-ST-ZIP			4.4 CITY-	ST-	ZIP					
TITLE		☐ DELETE	5.1 TITLE	:					Change	Addition
			5.2 NAME	ē						

CITY-ST-ZIP 14. I 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, with all other like empowered.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRE 3S

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

[]] Addition

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90183 032 \*\*\*150.00

CR2E034 (11/98)