## 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 # P96000057979

1. Corporation Name

DATA SET READY, INC.

## **FILED** Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90039 050 \*\*\*150.00



| Deinging! Dis : :  | o of Business  | Mailing Address  |  |   | 1 (2011291 )                            |                            |              |           |                              |                  |
|--|--|--|--|---|---|----------------------------|--------------|-----------|------------------------------|------------------|
| Principal Place  |  | -  |  |   |   |                            |              |           |                              |                  |
| 3474 GARDENVIEW WAY<br>TALLAHASSEE FL 32308  |  | 3474 GARDENVIEW WAY<br>TALLAHASSEE FL 32308  |  |   |   |                            |              |           |                              |                  |
| US   |  | US   |  |   |   | DO NOT WRITE IN THIS SPACE |              |           |                              |                  |
|  |  |  |  |   | 3. Date Incorpor                        |                            |              |           |                              |                  |
|  |  |  |  |   | 07/10/1990                              | <u> </u>                   |              |           |                              | ļ                |
| 2. Principal Place of Business   |  | 2a. Mailing Address  |  |   | 4. FEI Number                           | •                          |              | <u> </u>  | pplied For                   |                  |
| 27 5714 TOWER RCI.   |  | 26 PO BOX 15005  |  |   | 59-342422                               | <u>3</u>                   |              |           | lot Applicable               | -                |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   | 5. Certificate of S                     | Status Desired             |              |           | Additional<br>Required       |                  |
| 22 Suite 5   |  | 27   |  |   |   | <del></del>                |              |           | <del>.</del>                 |                  |
| City & State   |  | 28 Tallahrise FL   |  |   | 6. Election Cam                         | -                          |              | •         | May Be<br>to Fees            |                  |
| Zip Country  |  | Zip Country  |  |   | Trust Fund Co                           | on owes the curre          | nt voor Inta | -         | 1 to rees                    | 1                |
| Zip<br>□ ⊃ ⊃ > /   | <b>Λ</b> ⊃   |  | 30   | 4ε'''   | Personal Prop                           |                            |              | ∏ Yes     | □No                          |                  |
| 24 J23(  | 9. Name and Address of Curren  |  | 100  | <u> </u>  | 10. Name and A                          |                            |              |           |                              |                  |
|  | 5. Italie and Address of Curren  | it registered Agent  |  | 81 Name   |   |                            |              |           |                              | ]                |
| SIMM   | MONS, GARRY  |  | Ļ  |   | (5.0.5. 1)                              |                            | -1-1         |           |                              | ł                |
| 3474 GARDENVIEW WAY  |  |  |  | 82 Street   | Address (P.O. Box Numb                  | er is Not Acceptal         | oie)         |           |                              |                  |
| TALLAHASSEE FL 32308   |  |  |  | 83  |   |                            |              |           |                              | ĺ                |
|  |  |  |  |   |   |                            |              | lagi di   | 0-1-                         | ł                |
|  |  |  |  | 84 City   |   |                            | FL           | 85 Zip    | Code                         | 1                |
| 11. Pursuant t   | to the provisions of Sections 607.050  | 2 and 607,1508, Florida Statutes   | s, the ab  | ove-named   | corporation submits this s              | statement for the p        | ourpose of c | hanging i | s registered                 | 1                |
| office or re   | pointered agent or both in the State.  | of Florida. Such change was aut<br>tions of, Section 607.0505, Florid                      | thorized   | by the corpo  | oration's board of director             | s. I hereby accept         | the appoin   | tment as  | egistered                    |                  |
| ayen. rai  | m familiar with, and accept the obliga   | adons of, Section 607.0500, Florid   | oa Statu   | tes.  |   | ,                          |              |           |                              | }                |
| SIGNATURE  |  |  |  | tes.  | ecuired when reinstatura                |                            | DATE         |           |                              |                  |
| SIGNATURE  | Signature, typed or printed name of registered ager  | nt and tribe if applicable. (NOTE: F   | Registered /   | tes.  | equired when reinstating)  ADDITIONS/CI | ,                          | DATE         | D DIRECT  | ORS IN 12                    | (00)             |
| SIGNATURE  | Signature, typed or printed name of registered eger<br>OFFICERS AN   |  |  | tes.<br>Agent signature r   |   | HANGES TO OFF              |              | D DIRECT  |                              | (44/08)          |
| SIGNATURE  12.  TITLE  | Signature, typed or printed name of registered ege OFFICERS AN   | nt and title if applicable. (NOTE: R   | 13.  | tes.<br>Agent signature r   |   | ,                          |              |           |                              | 24 (44/00)       |
| SIGNATURE  12.  TITLE  NAME  | Signature, typed or printed name of registered age:  OFFICERS AN  D  SIMMONS, GARRY  | nt and title if applicable. (NOTE: R   | 13.<br>1.1 TITI<br>1.2 NAM   | tes.<br>Agent signature r<br>LE   |   | ,                          |              |           |                              | E024 (44 (00)    |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered age OFFICERS AN D SIMMONS, GARRY 3474 GARDENVIEW WAY  | nt and title if applicable. (NOTE: R   | 13. 1.1 TITU 1.2 NAI 1.3 STF   | tes. Agent signature r LE ME REET ADDRESS   |   | ,                          |              |           |                              | DDE024 (44/00)   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered age OFFICERS AN D SIMMONS, GARRY 3474 GARDENVIEW WAY TALLAHASSEE FL 32308   | nt and title if applicable. (NOTE: R   | 13. 1.1 TITU 1.2 NAI 1.3 STF   | tes. Agent signature r LE ME REET ADDRESS Y-ST-ZIP  |   | ,                          |              |           | Addition                     | CD0E004 (44/00)  |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE  | Signature, typed or printed name of registered age OFFICERS AN D SIMMONS, GARRY 3474 GARDENVIEW WAY TALLAHASSEE FL 32308 D   | nt and trie if applicable. (NOTE: F<br>ND DIRECTORS  | 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT   | Agent signature r  LE  ME  REET ADDRESS Y-ST-ZIP  LE  |   | ,                          |              | Change    | e ☐ Addition                 | CB2E024 (44/08)  |
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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 of the receiver or trustee emplowered 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.

SIGNATURE: