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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000058400 (8)**

1. Corporation Name
PEARTREE INFORMATION SERVICES, INC.

Principal Place of Business	Mailing Address
2669 DRYER AVENUE LARGO FL 33770	P.O. BOX 5214 LARGO FL 33779-5214

3. Date Incorporated or Qualified: 07/10/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 2505 EAST BAY DR., LOT 89
22: Suite, Apt. #, etc.:
23: City & State: LARGO, FL
24: Zip: 33771 — 25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip: — 30: Country:

4. FEI Number: 59-3397115 ☐ 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

9. Name and Address of Current Registered Agent

ANTIL, LINDA M
~~2669 DRYER AVENUE~~ 2505 EAST BAY DR, LOT 89
~~LARGO FL 33770~~ LARGO, FL 33771

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	11 TITLE	VP ☐ Change ☑ Addition
NAME	ANTIL, LINDA M	12 NAME	Lefstad, JON
STREET ADDRESS	~~2669 DRYER AVENUE~~ 2505 EAST BAY DR, LOT 89	13 STREET ADDRESS	1355 Chesterfield Dr
CITY-ST-ZIP	~~LARGO FL 33770~~ Largo, FL 33771	14 CITY-ST-ZIP	Clearwater, FL 34616-6323
TITLE	☐ DELETE	21 TITLE	VP ☐ Change ☑ Addition
NAME		22 NAME	Strong, Iris
STREET ADDRESS		23 STREET ADDRESS	1355 Chesterfield Dr
CITY-ST-ZIP		24 CITY-ST-ZIP	Clearwater, FL 34616-6323
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: Linda M Antil — LINDA M ANTIL — 3/10/97 — 813 585 3225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #