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

Mailing Address

6091 JOHNS ROAD

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

6091 JOHNS ROAD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000067460 (1)

COMDATA RESOURCES, INC.

DO NOT WRITE IN THIS SPACE TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 08/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3397445 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LONDOT, HARRY J 6610 SEAFAIRER DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) - -- - -TAMPA FL 33615 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition TITLE 1.1 TITLE LONDOT, HARRY J 1.2 NAME NAME CR2E034 6610 SEAFAIRER DR STREET ADDRESS 1,3 STREET ADDRESS TAMPA FL 33615 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-\$T-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME

6.4 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)(f), 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 attachanget with an address,

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

TITLE

NAME

Change

Change

Addition

\_\_\_ Addition

**FILED** 

Jan 21 1998 8:00am

Secretary of State