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Apr 22 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 # P96000103608 (1)

1. Corporation Name

MANAGEMENT INFORMATION GROUP, INC.



Principal Place of Business

360 CENTRAL AVENUE
ST PETERSBURG FL 33701

Mailing Address

360 CENTRAL AVENUE
ST PETERSBURG FL 33701-3857

3. Date Incorporated or Qualified

12/26/1996

3a. Date of Last Report

4. FEI Number

59-3422536

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

DELANO, G K
360 CENTRAL AVENUE
ST PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D, C	<input type="checkbox"/> DELETE
NAME	Menke, Robert M.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D, P	<input type="checkbox"/> DELETE
NAME	Meehan, David K.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D, T	<input type="checkbox"/> DELETE
NAME	Hussemann, Edwin C.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D, S	<input type="checkbox"/> DELETE
NAME	Delano, G, Kristin	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	Batson, Kathleen M.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	V, CIO	<input type="checkbox"/> DELETE
NAME	Moll, Kyle S.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, EVP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MENKE, ROBERT G.	
1.3 STREET ADDRESS	360 Central Ave.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
2.1 TITLE	V, CFO.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KING, KELLY K.	
2.3 STREET ADDRESS	360 Central Ave.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristin Delano 2/17/97 (813) 823-4000x4416

Date: Daytime Phone: 0007701

CR2E034 (9/96)