SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P97000004295 (6)**

1. Corporation Name
INTEGRATED DATA SOLUTIONS, INC.

Principal Place of Business
1863 COUNTRY MEADOWS DRIVE
SARASOTA FL 34235

Mailing Address
1863 COUNTRY MEADOWS DRIVE
SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3415 WEBBER STREET
Suite, Apt. #, etc.
22
City & State
23 SARASOTA, FL.
Zip 24 34239 County 25

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

3. Date Incorporated or Qualified
01/10/1997

4. FEI Number
65-0727607 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
FRY, WARD
1863 COUNTRY MEADOWS DRIVE
SARASOTA FL 34235

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3415 WEBBER STREET
83
84 City SARASOTA FL 85 Zip Code 34239

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 the title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	[ ] DELETE	1.1 TITLE	☒ Change [ ] Addition
NAME	FRY, WARD		1.2 NAME	
STREET ADDRESS	1863 COUNTRY MEADOWS DRIVE		1.3 STREET ADDRESS	3415 WEBBER STREET
CITY-ST-ZIP	SARASOTA FL 34235		1.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	VTD	[ ] DELETE	2.1 TITLE	☒ Change [ ] Addition
NAME	FRY, LYNDA		2.2 NAME	
STREET ADDRESS	1863 COUNTRY MEADOWS DRIVE		2.3 STREET ADDRESS	3415 WEBBER STREET
CITY-ST-ZIP	SARASOTA FL 34235		2.4 CITY-ST-ZIP	SARASOTA, FL 34239
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	
TITLE		[ ] DELETE	4.1 TITLE	☐ Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	☐ Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	☐ Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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: [signature] 7-15-98 941-923-4455