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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000026740 (5)

DATA ROAD, INC.

Mailing Address

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business 10151 DEERWOOD PARK BLVD., 10151 DEERWOOD PARK BLVD.. BLDG. 100. STE. 120 BLDG. 100. STE. 120 JACKSONVILLE FL 32256 JACKSONVILLE FL 32258 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 2. Principal Place of Business 4. FEI Number Applied For 59-3439592 10151 Deerwoool Park Blod 26 Not Applicable same Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 ☐ Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 MCMENAMY, WILLIAM B 2925 BARNETT CENTER Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA ST. 83 JACKSONVILLE FL 32202 64 City **B**5 Zip Code 11. Pursuant to the provisions of Soctions 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 next little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11TITLE FRANCIS, JEFFERY G NAME 1.2 NAME 3890 N. COASTAL HWY. STREET ADDRESS 1.3 STREET ADDRESS ST. AUGUSTINE FL 32095 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE VAUGHAN, JOHN H 22 NAME NAME 8787 SOUTHSIDE BLVD., APT. 4309 STREET ADDRESS 2.3 STREET ADDRESS Jacksonville FL 32256 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 51 TITLE TITE F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

7/24/98(904)646-9992