

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

FILED

Feb 02 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 # P97000057632 (6)

1. Corporation Name

DATAWAVE TECHNOLOGIES INC.

Principal Place of Business

107 COLONIAL LANE
LONGWOOD FL 32750

Mailing Address

107 COLONIAL LANE
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59 3456986

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 151 SEMORAN COMMERCE PL.

2a. Mailing Address

26 151 SEMORAN COMMERCE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 APOPKA FL

City & State

28 APOPKA FL

Zip

24 32703

Country

25 ORANGE

Zip

29 32703

Country

30 ORANGE

9. Name and Address of Current Registered Agent

WILBURN, JACK C JR
107 COLONIAL LANE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

LARRY W STUTES

82 Street Address (P.O. Box Number is Not Acceptable)

151 SEMORAN COMMERCE PLACE

83

84 City

APOPKA

FL

85 Zip Code

32703

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



LARRY W STUTES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☐ Change

☒ Addition

1.2 NAME

LARRY W STUTES

1.3 STREET ADDRESS

151 SEMORAN COMMERCE PLACE

1.4 CITY - ST - ZIP

APOPKA FL 32703

2.1 TITLE

S

☐ Change

☒ Addition

2.2 NAME

DOUGLAS W. STUTES

2.3 STREET ADDRESS

151 SEMORAN COMMERCE PLACE

2.4 CITY - ST - ZIP

APOPKA FL 32703

3.1 TITLE

T

☐ Change

☒ Addition

3.2 NAME

LARRY D STUTES

3.3 STREET ADDRESS

151 SEMORAN COMMERCE PLACE

3.4 CITY - ST - ZIP

APOPKA FL 32703

4.1 TITLE

VP

☐ Change

☒ Addition

4.2 NAME

CAROL STUTES

4.3 STREET ADDRESS

151 SEMORAN COMMERCE PLACE

4.4 CITY - ST - ZIP

APOPKA FL 32703

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 attached change of address.

SIGNATURE:

REQUIRE LARRY W STUTES

1/7/98

407 886 2323

CR2E034 (10/97)