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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mořtham '

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062091 (8)

ASSURED DOCUMENT & DATA STORAGE, INC.

Principal Place of Business

Mailing Address

FILED Jun 10 1998 8:00am Secretary of State



510 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714 510 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/16/1997 2. Principal Place of Business X Applied For 2a. Mailing Address 4. FEI Number 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes **∑** No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLARK, LINDA C 400 SADDLEWORTH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32748 83 84 City 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 Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed matter of registered against and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITI F DELETE 1.1 TITLE ☐ Change Addition President/Director NAME 1.2 NAME Linda C. Clark STREET ADDRESS 1.3 STREET ADDRESS 400 Saddleworth Place CITY-ST-ZIP 1.4 CITY - ST - ZIP Lake Mary, FL 32789 DELLITE TITLE Change 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE Addition 3.1 TITLE Vice President NAME 3.2 NAML Stanley I. Meadows STREET ADDRESS 3.3 STREET ADDRESS 104 Interlachen Ave. CITY-ST-ZIP 3.4 CITY-ST-ZIP Winter Park, FL 32789 TITLE 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 Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-2IP DELETE roduu255723r TITLE 6.1 TITLE Addition NAME 6.2 NAME -06/11/98--01093--028 STREET ADORESS 6.3 STREET ADDRESS ***158.75

14. Thereby 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 all achievent with an address.