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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mørtham 🕫

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 31 1998 8:00am Secretary of State

P97000090197 (9) DOCUMENT # SOFTWARE EVALUATION LABS INTERNATIONAL, INC. Principal Place of Business Mailing Address 4080 WOODGOCK DRIVE #120 4080 WOODCOCK DRIVE #120 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/20/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3474788 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No Name and Address of New Registered Agent g. Name and Address of Current Registered Agent MCCLUNG, DONALD R 10640 QUAIL RIDGE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32095 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prioted name of roge tirred agent and title if applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition TITLE PETHERBRIDGE, MARK NAME 1.2 NAME 4080 WOODCOCK DRIVE #120 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 2.1 TITLE PETHERBRIDGE, JOHN J NAMÉ 22 NAME 4080 WOODCOCK DRIVE #120 STREET ADDRESS 2.3 STREET ADDRESS Jacksonville fl 32207 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE DAVIS, THOMAS L NAME 3.2 NAME 4080 WOODCOCK DRIVE #120 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE MCCLUNG, DONALD R 4 2 NAME 10640 QUAIL RIDGE DRIVE STREET ADDRESS 4.3 STREET ADDRESS ST. AUGUSTINE FL 32095 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(TY-ST-ZIP CITY-ST-ZIF

14. I hereby certify that the information supplied with this filing does not quality 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 attachmont with an address.

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