**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000103362

1. Corporation Name

RAMSEY DATA SERVICES INC.

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90069 025 \*\*\*550.00



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Principal Place of Business Mailing Address						* 199199 118 12711 12311 PAIN 48111 48111 1			
402 32ND ST. N.W. 402 32ND ST. N.W.									
BRADENTON FL	L 34205-3440	BRADENTON FL 34205-34	BRADENTON FL 34205-3440			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			$\neg$
1						12/08/1997			
2. Principal Place of Business 2a. Mailing Ad			Address			4. FEI Number		Applied For	$\neg$
21		26	26			65-0808066		Not Applicable	∌
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
22						5. Certificate of Status Desired	Fee	Required	_
City_& State City_& State						6Election Campaign Financing-	•	00-May Be —	
23		28				Trust Fund Contribution		ed to Fees	4
Zip				Country		8. This corporation owes the current year I	ntangible ☐ Yes	□No	- }
24		25   29   30   me and Address of Current Registered Agent			Personal Property Tax				
<del></del>	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	Agent		┨
RAM	SEY, BRUCE O		[						_
402 32ND ST. N.W.			ĺ	82 Street Address (P.O. Box Number is Not Acceptable)				- 1	
	DENTON FL 34205-3440		ŀ	83					7
									_
}				84	City	F	_   ' '	ip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the ab	ove	-named cor	poration 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 title if applicable. (NOTE: Registered					signature requi	red when reinstating) DATE	ND DIDE	TORC IN 42	<b>⊣</b> 6
12.		ND DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Chan		
TITLE	DAMEEY BRUCE O	[_] DELLIC					C) Sugn		=
NAME	RAMSEY, BRUCE O		1.2 NA		ADDRESS				8
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NAME					ADDRESS				
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CITY-ST-ZIP			6.4 CIT	Y-51	-417	······································			

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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE: