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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000028210**

1. Corporation Name
TREEFROG DATA SOLUTIONS, INC.

Principal Place of Business	Mailing Address
103 WEST ALMA DRIVE MELBOURNE FL 32935	103 WEST ALMA DRIVE MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/26/1998

4. FEI Number: 06-1511159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1900 S. Harbor City Blvd.	26 1900 S. Harbor City Blvd.
22 Suite 315	27 Suite 315
23 Melbourne, FL	28 Melbourne, FL
24 32901 25 USA	29 32901 30 USA

9. Name and Address of Current Registered Agent

BOHNE, KARL W JR.
123 FIFTH AVENUE → address change only
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name BOHNE, KARL W. JR.
82 Street Address (P.O. Box Number is Not Acceptable) 780 S. APOLLO BLVD.
83
84 City MELBOURNE FL 85 Zip Code 32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT/TREASURER	☐ Change ☐ Addition
NAME	FLOWERS, NANCY		1.2 NAME	FLOWERS, NANCY	
STREET ADDRESS	103 WEST ALMA DRIVE		1.3 STREET ADDRESS	103 WEST ALMA DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	☐ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DELEO, DEBBIE		2.2 NAME	DELEO, DEBBIE	
STREET ADDRESS	524 HOPI TRAIL		2.3 STREET ADDRESS	524 HOPI TRAIL	
CITY-ST-ZIP	PATRICK AIR FORCE BASE FL 32925		2.4 CITY-ST-ZIP	PATRICK AIR FORCE BASE, FL 32925	
TITLE		☐ DELETE	3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			3.2 NAME	MORRIS, GRANT	
STREET ADDRESS			3.3 STREET ADDRESS	3124 TRINIDAD CIRCLE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		☐ DELETE	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		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 attachment with an address, with all other like empowered.

SIGNATURE: Nancy Flowers, Pres. NANCY FLOWERS 4/23/99 407-727-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #