

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90001 012 \*\*\*550.00

**DOCUMENT # P98000040245**

1. Corporation Name  
**DATABASE SPECIALISTS, INC.**



Principal Place of Business  
23340 ORLEANS PL  
LAND O'LAKE FL 34639

Mailing Address  
23340 ORLEANS PL  
LAND O'LAKE FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

2. Principal Place of Business

21 9142 Shenandoah Run  
Suite, Apt. #, etc.

2a. Mailing Address

26 9142 Shenandoah Run  
Suite, Apt. #, etc.

4. FEI Number

59-3510771

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.

☐ Yes ☒ No

23 Wesley Chapel, FL

28 Wesley Chapel, FL

24 33544 25 USA

29 33544 30 USA

9. Name and Address of Current Registered Agent

PAGE, GARY A  
23340 ORLEANS PL  
LAND O'LAKE FL 34639

10. Name and Address of New Registered Agent

81 Name Page, Gary A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
9142 Shenandoah Run

84 City Wesley Chapel

FL

85 Zip Code 33544

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/14/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PAGE, SHERI L  
STREET ADDRESS 23340 ORLEANS PL  
CITY-ST-ZIP LAND O'LAKE FL 34639

TITLE TSD  
NAME PAGE, GARY A  
STREET ADDRESS 23340 ORLEANS PL  
CITY-ST-ZIP LAND O'LAKE FL 34639

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 9142 Shenandoah Run  
1.4 CITY-ST-ZIP Wesley Chapel, FL 33544

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 9142 Shenandoah Run  
2.4 CITY-ST-ZIP Wesley Chapel, FL 33544

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE: Page, Gary A. 9/14/99 813-994-0472