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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000076881

1. Corporation Name

ENTERPRISE LOGIX, INC.

Principal Place of Business 1138 GREENRIDGE ROAD JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/02/1998 2. Principal Place of Business 3. Date Incorporated or Qualified 03/02/1998 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. This corporation was the current year Intamplified Package of							_				
JACKSONVILLE FL 32207	Principal Place of Business Mailing Address								M&		(818) 1181 1881
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Do NoT Writte IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1998 4. FEI Number 5. Certificate of Status Desired 88.75 Additional Fee Required 22 City & State 23 Country 24 25 29 30 30 Trust Fund Contribution 7. So Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 Street Address (P.O. Box Number is Not Acceptable) 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 appoinment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE D	1138 GREENRID	GE ROAD	1138 GREENI	RIDGE ROAD							
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Zip Country Zip Country Zip Country 29 30 Wersonal Property Tax. Yes No Personal Property Tax. Y			28								•
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D		Country			Çouni	try		a. This corporation owes the curre	nt year Inta	angible	→
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NOE, PHILLIP L STREET ADDRESS CITY- ST- ZIP JACKSONVILLE FL 32207 DELETE 2.1 TITLE Change Addition	<u> </u>	,		[3	30			,	•		No
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY+ST-ZIP

TITLE

NAME

SEAND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90018 026 ***150.00