

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

0051373

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 MAY 21 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S70652

1. Corporation Name

DAVID C. PARKER & ASSOCIATES DATA PROCESSING CONSULTANTS, INC.

Principal Place of Business

1116 WOODBERN WAY  
TALLAHASSEE FL 32304

Mailing Address

1116 WOODBERN WAY  
TALLAHASSEE FL 32304

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

PARKER, DAVID C.  
1116 WOODBERN WAY  
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |        |
|----------------|----------------------|--------|
| TITLE          | P                    | DELETE |
| NAME           | PARKER, DAVID C.     |        |
| STREET ADDRESS | 1116 WOODBERN WAY    |        |
| CITY-ST-ZIP    | TALLAHASSEE FL 32304 |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |
| TITLE          |                      | DELETE |
| NAME           |                      |        |
| STREET ADDRESS |                      |        |
| CITY-ST-ZIP    |                      |        |

13.

|                   |  |
|-------------------|--|
| 11 TITLE          |  |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          |  |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY-ST-ZIP    |  |
| 31 TITLE          |  |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          |  |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          |  |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          |  |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 CITY-ST-ZIP    |  |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

\*\*\*\*\*2892428-2

-06/02/99-01044-024

\*\*\*\*150.00 \*\*\*\*150.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

DAVID C. PARKER

4/15/99

850.575.0745

CR2E034 (11/98)