FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V23332** **(2)**

1. Corporation Name

DATA RECORD STORAGE, INC. OF TALLAHASSEE

Principal Place of Business	Mailing Address
3702 NW PASSAGE TALLAHASSEE FL 32303 US	3702 NW PASSAGE TALLAHASSEE FL 32303 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **03/24/1992**

3a. Date of Last Report: **07/13/1995**

4. FEI Number: **59-3111284** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROCTOR, BRIAN .
1924 WELBY WAY
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PROCTOR, BRIAN 1924 WELBY WAY TALLAHASSEE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KEKER, DONALD R. 501 DUNN COURT GRAPEVINE TE	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BOYD, W H I 402 43RD STREET WEST BRADENTON FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 attached sheet, with an address.

SIGNATURE: Donald Keker 3/14/96 904-385-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)