

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 617809

**Entity Name:** DATA SYSTEMS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

1722 NW 80TH BLVD  
SUITE 10  
GAINESVILLE, FL 32653

**Current Mailing Address:**

P.O. BOX 12665  
GAINESVILLE, FL 32604 US

**FEI Number:** 59-1924151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, WILLIAM  
1722 NW 80TH BLVD  
SUITE 10  
GAINESVILLE, FL 32606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JONES, WILLIAM  
Address PO BOX 12665  
City-State-Zip: GAINESVILLE FL 32604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM S JONES

**PRESIDENT**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date