

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **F47214** (4)

1. Corporation Name

**ADVANCE RESOURCE SYSTEMS, INC.**

95 MAY -1 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O T. KEITH PERRY  
1565 ATLANTIC BLVD  
JAX FL 32207

C/O T. KEITH PERRY  
1565 ATLANTIC BLVD  
JAX FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1981

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2130291

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

PERRY, T. KEITH  
2031 HENDRICKS AVE.  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	MASON, RAYMOND K. JR.
STREET ADDRESS	2031 HENDRICKS AVE.
CITY-ST-ZIP	JAX, FL 00000
TITLE	VS
NAME	SIMMONS, SAMMUEL W.
STREET ADDRESS	1565 ATLANTIC BLVD.
CITY-ST-ZIP	JAX, FL 00000
TITLE	ST
NAME	PERRY, T. KEITH
STREET ADDRESS	2031 HENDRICKS AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	KARAHALIOS, BARBARA
STREET ADDRESS	1565 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	SCHROEDER, PAUL
STREET ADDRESS	1565 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	WELLS, E. TIMOTHY
STREET ADDRESS	1565 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: T. Keith Perry, Secretary/Treasurer 4/28/95 (904) 396-8237

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)