

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F70052

(8)

1. Corporation Name

ACSI, INC.

Principal Place of Business

**5800 RIO VISTA DRIVE
SUITE 140
CLEARWATER FL 34620-3144
US**

Mailing Address

**5800 RIO VISTA DRIVE
SUITE 140
CLEARWATER FL 34620-3144
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1982

3a. Date of Last Report

02/07/1994

4. FEI Number

59-1925475

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BAX, JAMES A. S
5500 RIO VISTA DRIVE
CLEARATER FL 34620**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CO	BAX, JAMES A., SR	6585 GULFSIDE RD	LONGBOAT KEY, FL 00000
VTD	MITCHELL, ANTHONY W.	560 E 200 S	SALT LAKE CITY UT 84102
D	VALENTINE, VIRGINIA BAX	8433 ANGEL FISH COURT	LAS VEGAS NV
S	BAX, LAURA J.	6585 GULFSIDE RD.	LONGBOAT KEY FL
V	BEATTY, STEPHEN	5500 RIO VISTA DR.	CLEARWATER FL 34620
D	STEELE, DAVID	421 CLARKE RD. SW	ALBUQUERQUE NM

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY W. MITCHELL

Title

4-5-95 (813) 535-3775

Daytime Phone #