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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000061833 (7)

NEPTUNE TECH SERVICES, INC.

Principal Place of Business

148 LEVY RD. ATLANTIC BEACH FL 32233 Mailing Address

149 LEVY RD. ATLANTIC BEACH FL 32233

## FILED May 28 1998 8:00am Secretary of State



US US			FC 32233		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					08/22/1994			
	Place of Business	2a. Mailing Address		2-4-5	4. FEI Number	Ar	plied For	
	MAYPORT ROAD	26 645 MAYPO	in the	2011	59-3264875		t Applicable	
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suito, Apt. #, etc. 27 SUITE 40	ب		5. Certificate of Status Desired		Additional equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23 ATLA	which beach, pl	28 ATLANT C B	each	1, 5-	Trust Fund Contribution	Added	to Fees	
	Country	Zip - 22	Country	IS A	8. This corporation owes or has paid the curr			
						Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
AHERN, FRED L JR				, INDIAC				
2215 SOUTH THIRD STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 101								
JACK\$ONVILLE BEACH FL 32250			63				i	
			84	City		<b>85</b> Zip (	Code	
11 Purcuant	to the provisions of Sections 607 0502	and 607 1509 Florida Statutos	the about	o pamod co	FL	obonoino it	o registered	
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 agont, 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.								
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typod or printed name of regulators agent and time if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND	<del> </del>	13.	314 bigitatula let	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE	·—·T		Change	Addition	
NAME	ROCCHI, JOSEPH C		1.2 NAME					
STREET ADDRESS	844 MCCOLLUM CIRCLE		1.3 STREE1	ADDRESS				
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY - S	1				
TITLE		☐ DELETE	2.1 TITLE			Change	Addition	
NAME		·	2.2 NAME	ŀ		_ •		
STREET ADDRESS			2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY - S	ST-7IP				
TITLE		DELETE		··········		Change	Addition	
NAME			3.2 NAMÉ					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S	ST-ZIP				
TITLE		DELETE	4.1 TITLE	·		Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CHY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			54 CITY-S	T- ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
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 trustoe 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.								