

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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

**DOCUMENT # P97000034476 (6)**

1. Corporation Name  
**3D TECHNICAL SERVICES, INC.**



Principal Place of Business  
**1415 TIMBERLANE RD., STE. 201  
 TALLAHASSEE FL 32312**

Mailing Address  
**1415 TIMBERLANE RD., STE. 201  
 TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3445757	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		Country	
25		30		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOUGH, J. STEVEN 1415 TIMBERLANE RD., STE. 201 TALLAHASSEE FL 32312				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WESTER, CHARLES L	
STREET ADDRESS	120 HORSESHOE RD.	
CITY-ST-ZIP	BAINBRIDGE GA 31717	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HOUGH, J. STEVEN	
STREET ADDRESS	700 FOREST LAIR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WILKIE, WILLIAM Y	
STREET ADDRESS	1500 OLDFIELD DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NORMAN, DAVID W	
STREET ADDRESS	2621 NOBLE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LANE, JOSEPH A	
STREET ADDRESS	1515 HICKORY AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wester, Charles L.
1.3 STREET ADDRESS	1519 Longleaf
1.4 CITY-ST-ZIP	Bainbridge, GA 31717
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wilkie, William Y.
3.3 STREET ADDRESS	12600 Laurel Hill Drive
3.4 CITY-ST-ZIP	Tallahassee, FL 32308
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 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 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

CR2E034 (10/97)