

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 538524 (0)
1. Corporation Name
ASSOCIATED COMPUTER TECHNOLOGIES, INC.

Principal Place of Business
445-26 STATE RD 13
SUITE 373
JACKSONVILLE FL 32259

Mailing Address
445-26 STATE RD 13
SUITE 373
JACKSONVILLE FL 32259



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

07/01/1977

4. FEI Number

59-1766789

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

NICKENS, JOHN M.
1449 CRICKET HOLLOW LANE
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name Nickens, L. Carolyn
82 Street Address (P.O. Box Number is Not Acceptable)
1449 Cricket Hollow Ln
83
84 City Jacksonville FL 85 Zip Code 32259

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

L. Carolyn Nickens

L. Carolyn Nickens

3/12/98

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 PD
NAME NICKENS, JOHN M.
STREET ADDRESS 1449 CRICKET HOLLOW LANE
CITY - ST - ZIP JACKSONVILLE FL
☒ DELETE

TITLE VT
NAME NICKENS, L. CAROLYN
STREET ADDRESS 1449 CRICKET HOLLOW LANE
CITY - ST - ZIP JACKSONVILLE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Nickens, L. Carolyn
1.3 STREET ADDRESS 1449 Cricket Hollow Ln
1.4 CITY - ST - ZIP Jacksonville, FL 32259
☒ Change ☐ Addition

2.1 TITLE VT
2.2 NAME Sheran Cotton
2.3 STREET ADDRESS 11512 North Ride Circle W
2.4 CITY - ST - ZIP Jacksonville, FL 32223
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

L. Carolyn Nickens

3/1/98

(904) 287-4007

CR2E034 (10/97)