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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F47214

(4)

1. Corporation Name

ADVANCE RESOURCE SYSTEMS, INC.



Principal Place of Business

C/O T. KEITH PERRY
1585 ATLANTIC BLVD
JAX FL 32207

Mailing Address

C/O T. KEITH PERRY
1585 ATLANTIC BLVD
JAX FL 32207-3345

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/01/1981

3a. Date of Last Report

05/01/1996

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)

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME MASON, RAYMOND K. JR.
STREET ADDRESS 2031 HENDRICKS AVE.
CITY-ST-ZIP JAX, FL 00000

TITLE VS ☐ DELETE

NAME SIMMONS, SAMMUEL W.
STREET ADDRESS 1585 ATLANTIC BLVD.
CITY-ST-ZIP JAX, FL 00000

TITLE ST ☐ DELETE

NAME PERRY, T. KEITH
STREET ADDRESS 2031 HENDRICKS AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME KARAHAJOS, BARBARA
STREET ADDRESS 1585 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME SCHROEDER, PAUL
STREET ADDRESS 1585 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME WELLS, E. TIMOTHY
STREET ADDRESS 1585 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

T. Keith Perry, Secretary

4/10/97

(904) 396-8237

CR2E034 (9/96)