

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAY -1 PM 9:46-

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # F50631 (3)**

1. Corporation Name

SOUTHERN TECHNICAL SERVICES, INC.

Principal Place of Business

**3 METRO CENTER
SUITE 610
BETHESDA MD 20814**

Mailing Address

**3 METRO CENTER
SUITE 610
BETHESDA MD 20814**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/21/19813a. Date of Last Report
04/25/19944. FEI Number
59-2148649Applied For
Not Applicable5. 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

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROSS, DOWELL D
7439 MOTT AVE.
ORLANDO FL 32810**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VSD

NAME

CROSS, WILLIAM A.

STREET ADDRESS

8103 MAPLE RIDGE RD

CITY - ST - ZIP

BETHESDA MD

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

CPTD

NAME

CROSS, PATRICIA L.

STREET ADDRESS

8103 MAPLE RIDGE RD

CITY - ST - ZIP

BETHESDA MD

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

☐ Change ☒ Addition**V
John E. McEwen, Jr.
19149 Youngs Cliff Road
Sterling, VA 20165**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Patricia L. Cross

Patricia L. Cross

04/25/95

(301) 652-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #