

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

10/21/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 **3 Bethesda Metro Center**

2a. Mailing Address

26 **3 Bethesda Metro Center**

4. FEI Number

59-2148649

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **810**

Suite, Apt. #, etc.

27 **810**

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

23 **Bethesda, MD**

City & State

28 **Bethesda, MD**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **20814**

Country

25 **USA**

Zip

29 **20814**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 of officer or director or registered agent must be typed in block letters)

(If Filer is Registered Agent, Signature of Registered Agent must be typed in block letters)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VSD
CROSS, WILLIAM A.
8103 MAPLE RIDGE RD
BETHESDA MD**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**CPTD
CROSS, PATRICIA L.
8103 MAPLE RIDGE RD
BETHESDA MD**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**V
MCEWEN, JR. J
19149 YOUNGS CLIFF ROAD
STERLING VA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

301-652-2500

City

Daytime Phone #

CR2E034 (12/95)