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May 16 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 # **F50631** (3)

1. Corporation Name
SOUTHERN TECHNICAL SERVICES, INC.

Principal Place of Business
**3 BETHESDA METRO CENTER
SUITE 810
BETHESDA MD 20814
US**

Mailing Address
**3 BETHESDA METRO CENTER
SUITE 810
BETHESDA MD 20814-6301
US**

3. Date Incorporated or Qualified
10/21/1981

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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

Patricia L. Cross

82 Street Address (P.O. Box Number is Not Acceptable)

33 Westmore Lane

83

84 City

Palm Coast

FL

85 Zip Code

32164

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

Patricia L. Cross

Patricia L. Cross President

DATE

4/17/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD** ☐ DELETE
NAME **CROSS, WILLIAM A.**
STREET ADDRESS **8103 MAPLE RIDGE RD**
CITY - ST - ZIP **BETHESDA MD**

1.1 TITLE **VSD** ☒ Change ☐ Addition
1.2 NAME **Cross, William A.**
1.3 STREET ADDRESS **4801 Fairmont Avenue, Apt. 312**
1.4 CITY - ST - ZIP **Bethesda, MD 20814**

TITLE **CPTD** ☐ DELETE
NAME **CROSS, PATRICIA L.**
STREET ADDRESS **8103 MAPLE RIDGE RD**
CITY - ST - ZIP **BETHESDA MD**

2.1 TITLE **CPTD** ☒ Change ☐ Addition
2.2 NAME **Cross, Patricia L.**
2.3 STREET ADDRESS **33 Westmore Lane**
2.4 CITY - ST - ZIP **Palm Coast, FL 32164**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Patricia L. Cross

Patricia L. Cross

04/17/97 (301) 652-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006854

CR2E034 (9/96)