

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90047 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004590

1. Corporation Name

ALPHANATIONAL TECHNOLOGY SERVICES, INC.

Principal Place of Business

5161 BEACH BLVD
JACKSONVILLE FL 32207
US

Mailing Address

5161 BEACH BLVD
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

75-2432893

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JACKSON, ART
9731 SW 195TH CIRCLE
DUNNELLON FL 34432

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEVERS, ROY D	
STREET ADDRESS	3741 KELVIN DRIVE	
CITY-ST-ZIP	FT. WORTH TX 76133	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RHEAME, RICHARD J	
STREET ADDRESS	3003 LAKE DR	
CITY-ST-ZIP	SOUTHLAKE TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LARRY WHITESIDE	
1.3 STREET ADDRESS	1608 WEYLAND DR	
1.4 CITY-ST-ZIP	N. RICHLAND MILLS, TX 76180	
2.1 TITLE	SECRETREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN HOSTIN	
2.3 STREET ADDRESS	2006 KYLE CT	
2.4 CITY-ST-ZIP	COLLEYSVILLE, TX 76034	
3.1 TITLE	VICE-PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES HARPER	
3.3 STREET ADDRESS	14508 BARALL LANE	
3.4 CITY-ST-ZIP	POTOMAC, MD. 20854	
4.1 TITLE	VICE-PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WM. A. ROSENTHAL	
4.3 STREET ADDRESS	3741 KELVIN AVE.	
4.4 CITY-ST-ZIP	FORT WORTH, TX 76133	
5.1 TITLE	VICE-PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MORRIS HORN	
5.3 STREET ADDRESS	3205 DENDURY	
5.4 CITY-ST-ZIP	FORT WORTH, TX 76133	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

817 495 3791 X221

Daytime Phone #

CR2E034 (11/98)