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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	F95000002968	(4)
	APRILITATE INC	

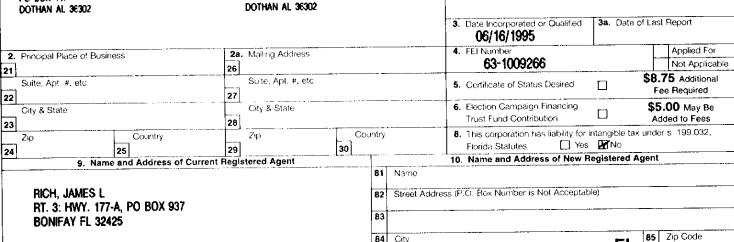
HIGGINS TECHNICAL SERVICES, INC.

PO BOX 447 DOTHAN AL 36302

Principal Place of Business

Mailing Address

PO	BOX	447	
DO	THAN	AL	3630



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

12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DEL ETE	1.11/1/16	Change Addition
NAME	WATSON, JOHN H		1.2 NAME	
STREET ADDRESS	488 ROSS CLARK CIR. N.E.		1 3 STREET ADDRESS	
CITY-ST-ZIF	DOTHAN AL 36303		1.4 CUY-SI-ZIP	
TITLE	P	DELETE	2 1 1111.1	Change Addition
NAME	KNIGHTON, JIM C		2.2 NAME	
STREET ADDRESS	1310 COLUMBIA HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL 36301		2.4 CITY - \$1 - ZIP	
THILE	ST	☐ DELETE	3 1 TITLE	Change Addition
NAME	WALDING, JOHN M		3 2 NAME	
STREET ADDRESS	1310 COLUMBIA HWY		3.3 STREET ADDRESS	
CHTY - ST - ZIP	DOTHAN AL 36301		3.4 CHY-ST-ZIP	
TITLE		☐ DELETE	4 1 11 1 LE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STHEFT ADDRESS	
C+TY - ST - ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	5 1 TILLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST. ZIP	
TITLE		DELFTE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-ST-ZIP			6.4 C+TY-ST-ZIP	<u></u>

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 trust my signature shall have the same legal effect as if made under oath, that I am an officer or director of true 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

4/12/96 (334) 793<u>-4859</u>