

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90010 043 ***150.00

DOCUMENT # F98000006492

1. Corporation Name

ALTERNATIVE DELIVERY SYSTEMS SUPPORT INC.

Principal Place of Business

2105 PARK AVE
ORANGE PARK FL 32073

Mailing Address

2105 PARK AVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1998

4. FEI Number

59-2024384

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2140 Kingsley Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #15

City & State

23 Orange Park, FL

Zip

24 32073

Country

25 USA

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

28 Suite 15

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NICHOLS, CHARLES T
2105 PARK AVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name

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

2140 Kingsley Avenue

83 Suite 15

84 City Orange Park

FL

85 Zip Code 32073

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. The 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

4/18/99

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME DAVID, NATHAN W

STREET ADDRESS 2105 PARK AVE

CITY-ST-ZIP ORANGE PARK FL 32073

TITLE VCV ☐ DELETE

NAME NICHOLS, CHARLES T

STREET ADDRESS 2105 PARK AVE

CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2140 Kingsley Ave #15

1.4 CITY-ST-ZIP Orange Park, FL 32073

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2140 Kingsley Ave #15

2.4 CITY-ST-ZIP Orange Park, FL 32073

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 to the annual report as required by all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

Date

904-272-5022

Daytime Phone #

CR2E034 (11/98)