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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H10626

(0)

ADVANCED PEGBOARD SYSTEMS, INC.

Apr 21 1998 8:00am Secretary of State

FILED

- 1 41	OLEN BIR II HALL DIE	

Principal Place	o of Business	Mailing Address			a saminit dini tinii ndila dilih sikih kili ngali nsesi bikil	NANTE BIREIT BIREF 1889
2451 S. RIDGEWOOD AVE. S. DAYTONA FL 32119		2451 S. RIDGEWOOD AVE.				
		S. DAYTONA FL 32119			DO ALOT IMPLIES IN TALIO COAC	DO NOT HEITE IN THIS STAGE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	E
					07/01/1984	
2, Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-2422508	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				3.75 Additional
2		27			6. Certificate of Status Desired	Fee Required
City & State)	City & State				5.00 May Be
23 Zin		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current y	
4	25 g. Name and Address of Curre		30		Personal Property Tax due June 30. Young 10. Name and Address of New Registered Agen	
WII	LIAMS, WARREN C., JR.	int mogratored Agent	8	1 Name		1
	LAMEN TOOK-COLIRT					
	RT ORANGE FL 32127		8	2 Street	t Address (P.O. Box Number is Not Acceptable)	
			8:	3		
783	94 LAKELAN	O DRIVE				
J -			8	1 City	FL 85	Zip Code
11 Pursuant to	o the provisions of Sections 607 05	02 and 607 1508 Florida Statutes	s the abo	vo-namod	d corporation submits this statement for the purpose of char	gaing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblic	e of Florida. Such change was au	ithorized b	ov the con	rporation's board of directors. I hereby accept the appointment	ent as registered
_	п тапинаг мил, ало ассерт те орц	jations of, Section 607,0506, Fion	ida Siaiuli	.18.		
SIGNATURE :	Signature, typed or printed name of registence as	er Lang title if applicable (NOTE:	Rogistered A	pent signatore	re required when reinstating) DATE	<u></u>
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIBI	ECTORS IN 12
TITLE	D	☐ DELÉTE	11 INLE		>	
NAME	WILLIAMS, WARREN C.		1.2 NAME			
STREET ADDRESS	730 RAVEN ROOK C T.		1.3 STRL	.T ADDRESS	834 LAKELAND DRIV	iC
CITY-ST-ZIP	PORT ORANGE FL		1.4 C(TY-	S1-ZIP	32127	
TITLE	DV	DELETE	2.1 TITLE		⊠ ¢	hange Addition
NAME	WILLIAMS, LINDA G.		2.2 NAME		_	
STREET ADDRESS	7 90 RAVEN ROCK- CT.		2.3 STREE	1 ADDRESS	3747 GATEWOOD DRIV	16
CITY-ST-ZIP	PORT ORANGE FL		2. 4 CITY	- S1 - ZIP	32/19	
TITLE		[]] OLLETE	3.1 TITLE			hange 🔲 Addition
NAME			3.2 NAM6			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	S1 - 71P		
TITLE		DETEJE	4.1 TITLE			hange
NAME			4 2 NAMI			
STREET ADDRESS			4.3 STHEE	1 ADDRESS		
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP		
TITLE		□] DELETE	5.1 TITLE			hange
NAME			5.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZiP		Drutt	5.4 CITY-	ST-7IP		
TITLE		L DELETE	6.1 TITLE		LJC	hange L Addition
NAME	•		6.2 NAME			-
STREET ADDRESS				1 ADORESS		
CITY-ST-ZIP	ortify that the information supplied a	with this filmo does not qualify for	6.4 CITY-		in Section 119.07(3)(i), Florida Statutes. I further certify the	nat the information
indicated d	on this annual report or supplement	al annual report is true and a ccur	rate and th	ial my sig	gnature shall have the same legal effect as if made under or s required by Chapter 607, Florida Statutes; and that my na	ath: that t am an
DIOCK 12 O	r Block is it changed or or an alla	C. William	s, 41	•	(904)	ļ