

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

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J38404 (6)  
1. Corporation Name  
ALTERNATIVE SERVICE CONCEPTS, INC.

97 JUL 25 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
111 N PALAFOX ST.  
PENSACOLA FL 32501  
US

Mailing Address  
P.O. BOX 12411  
PENSACOLA FL 32582-2411

3. Date Incorporated or Qualified 10/15/1986	3a. Date of Last Report 05/23/1996
4. FEI Number 59-2734002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
MILLSAP, WILLIAM J.  
900 E. SCOTT ST  
PENSACOLA FL 32503

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, CARL DEAN	1.2 NAME	
STREET ADDRESS	P.O. BOX 12411 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ 7/1/97 604-638-6087

CR2E034 (9/96)

2082

**A S C, inc.**  
111 North Palafox  
Pensacola, FL 32501  
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JULY 25, 1997

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

SUBJECT: ALTERNATIVE SERVICE CONCEPTS, INC.  
REF. NUMBER: J38404

DEAR AMY ALAN,

WE DID NOT RECEIVE THE NOTICE OF THE 1997 PROFIT CORPORATION ANNUAL REPORT FILING FEE UNTIL MID-JUNE. OUR MAILING ADDRESS IS A P.O. BOX AND WE ARE UNSURE IF SOMEONE RECEIVED IT BY MISTAKE AND FAILED TO RETURN IT IN A TIMELY MANNER OR THE MAIL WAS LATE. MY SECRETARY, RENAE ELLSWORTH SPOKE WITH LESLIE ON JULY 15, 1997 IN REGARDS TO THIS MATTER. LESLIE HAS INFORMED US TO WRITE THIS LETTER EXPLAINING WHAT HAPPENED AND THE LATE FEE WILL BE WAIVED. WE WILL MAKE SURE THAT NEXT YEAR WE CONTACT YOU IF WE HAVE NOT RECEIVED THE NOTICE. THANK YOU FOR YOUR TIME.

SINCERELY,

  
DEAN FOSTER, JR.  
7/25/97