

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 07, 1999 8:00 am  
Secretary of State

04-07-1999 90116 021 \*\*\*150.00

DOCUMENT # L00518

1. Corporation Name

ACCESS MANAGEMENT SERVICES, INC.

Principal Place of Business

402 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765  
US

Mailing Address

402 SOUTH CENTRAL AVENUE  
OVIEDO FL 32765  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1989

4. FEI Number

59-2966308

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, JOHN D., ESQ.  
200 E ROBINSON ST  
SUITE 1020  
ORLANDO FL 32802

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME WARBLE, RONALD D.  
STREET ADDRESS 402 SOUTH CENTRAL AVENUE  
CITY-ST-ZIP OVIEDO FL 32765

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME WARBLE, RONALD D.  
1.3 STREET ADDRESS 140 ALEXANDRIA BLVD, SUITE H  
1.4 CITY-ST-ZIP OVIEDO FL 32765

TITLE VPST ☐ DELETE  
NAME WAYNE LELAND ✓  
STREET ADDRESS 3040 TEMPLE TRAIL  
CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE PDST ☒ Change ☐ Addition  
2.2 NAME 140 ALEXANDRIA BLVD, SUITE H  
2.3 STREET ADDRESS OVIEDO FL 32765  
2.4 CITY-ST-ZIP WAYNE LELAND

TITLE VP ☒ DELETE  
NAME RAY TOMLINSON  
STREET ADDRESS 2401 GEIGEL AVE  
CITY-ST-ZIP ORLANDO FL 32806

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 with an address, with all other like empowered.

SIGNATURE:

W. F. Leland  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99  
Date

(407) 949-3100  
Daytime Phone #

CR2E034 (11/98)