

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 AUG 11 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jan Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L49658** (2)

1. Corporation Name:  
**ADVANCED COMPUTER MAINTENANCE, INC.**

Mailing Address: **% DAVID B POTTS**  
**11010 114 OLD ST AUGUSTINE RD**  
**JACKSONVILLE FL 32256**  
**8130 Baymeadows Circle West, #201**  
If above addresses are incorrect in any way, use through received information and enter corrections below.

Principal Place of Business: **% DAVID B POTTS**  
**11010 114 OLD ST AUGUSTINE RD**  
**JACKSONVILLE FL 32256**

2. Mailing Address		2a. Principal Place of Business	
21	<b>8130 Baymeadows Cir. W.</b>	26	<b>8130 Baymeadows Cir. W.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	<b>201</b>	27	<b>201</b>
City & State		City & State	
23	<b>Jacksonville, FL</b>	28	<b>Jacksonville, FL</b>
Zip	Country	Zip	Country
24	<b>32256</b>	25	<b>USA</b>
29	<b>32256</b>	30	<b>USA</b>

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized: **02/14/1990**

3a. Date of Last Report: **07/01/1993**

4. FEI Number: **59-2995784**

5. Certificate of Status Payment: **\$8.75 Additional Fee Required**

6. Certificate of Status Fee: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:

8. This corporation has liability for corporate tax under 15.009(3)(a) Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**POTTS, DAVID B.**  
**10810 LIPPIZAN DR**  
**JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

B1 Name: \_\_\_\_\_

B2 Street Address (P.O. Box Number or Post Office): \_\_\_\_\_

B3 \_\_\_\_\_

B4 City: \_\_\_\_\_

B5 State: **FL**

11. Pursuant to the provisions of Sections 607.050(2) and 607.150(2) or Sections 617.050(2) and 617.150(2) Florida Statutes, the above named corporation certifies that it consented 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 as required by law. I hereby accept the appointment as registered agent in tandem with, and accept the obligations of, Section 607.050(2) or 617.050(2) Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D/P/T</b>
2. NAME	<b>POTTS, DAVID B</b>
3. STREET ADDRESS	<b>10810 LIPPIZAN DR</b>
4. CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
5. TITLE	<b>V/S/D</b>
6. NAME	<b>POTTS, BARBARA A</b>
7. STREET ADDRESS	<b>10810 LIPPIZAN DR</b>
8. CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. \_\_\_\_\_

1. TITLE \_\_\_\_\_

2. NAME \_\_\_\_\_

3. STREET ADDRESS \_\_\_\_\_

4. CITY, ST, ZIP \_\_\_\_\_

5. TITLE \_\_\_\_\_

6. NAME \_\_\_\_\_

7. STREET ADDRESS \_\_\_\_\_

8. CITY, ST, ZIP \_\_\_\_\_

9. TITLE \_\_\_\_\_

10. NAME \_\_\_\_\_

11. STREET ADDRESS \_\_\_\_\_

12. CITY, ST, ZIP \_\_\_\_\_

13. TITLE \_\_\_\_\_

14. NAME \_\_\_\_\_

15. STREET ADDRESS \_\_\_\_\_

16. CITY, ST, ZIP \_\_\_\_\_

17. TITLE \_\_\_\_\_

18. NAME \_\_\_\_\_

19. STREET ADDRESS \_\_\_\_\_

20. CITY, ST, ZIP \_\_\_\_\_

14. I, the undersigned, certify that the information supplied with this report is accurate, furnished and obtained truthfully for the reasons stated and as far as I know, is true and correct. I am an officer or director of the corporation, or the person or persons empowered to execute this report as required by law, and my name appears on the back of this report.

SIGNATURE: *Barbara A. Potts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR  
**Barbara A. Potts**

8/10/94 904-739-9800