

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L49658 (2)**  
1. Corporation Name  
**ADVANCED COMPUTER MAINTENANCE, INC.**



Principal Place of Business: **8130 BAYMEADOWS CIRCLE, WEST SUITE 201 JACKSONVILLE FL 32256 US**  
Mailing Address: **8130 BAYMEADOWS CIRCLE, WEST SUITE 201 JACKSONVILLE FL 32256 US**

3. Date Incorporated or Qualified: **02/14/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2995784**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 0011-4 103rd St.**  
2a. Mailing Address: **26 0011-4 103rd St.**  
22. Suite, Apt. #, etc.:  
23. City & State: **Jacksonville, FL**  
24. Zip: **32210** 25. Country: **Duval**  
27. Suite, Apt. #, etc.:  
28. City & State: **Jacksonville, FL**  
29. Zip: **32210** 30. Country: **Duval**

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 is Not Acceptable):  
B3:  
B4 City: **FL** B5 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: *David B. Potts* **David B. Potts, Pres.** DATE: **4/24/96**

12. OFFICERS AND DIRECTORS  
TITLE: **DPT** NAME: **POTTS, DAVID B** [ ] DELETE  
STREET ADDRESS: **10810 LIPPIZAN DR**  
CITY-ST-ZIP: **JACKSONVILLE FL**  
TITLE: **VSD** NAME: **POTTS, BARBARA A** [ ] DELETE  
STREET ADDRESS: **10810 LIPPIZAN DR**  
CITY-ST-ZIP: **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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.

SIGNATURE: *Barbara A. Potts* **Barbara A. Potts Vice-Pres** DATE: **4/24/96** TELEPHONE: **904-772-0202**

E034 (12/95)