FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:49

DOCUMENT # **L73508** **(8)**

1. Corporation Name
MERCURY TECHNOLOGY SERVICES, INC.

Principal Place of Business	Mailing Address
8800 49TH ST. N. 311 PINELLAS PARK FL 34666-5332 US	8800 49TH ST. N. 311 PINELLAS PARK FL 34666-5332 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1990
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3016970 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NORTHRUP, MARGARET
8800 49TH ST. NORTH
SUITE 311
PINELLAS FL 34666

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ALFORD, DALE F., JR.	12 NAME	
STREET ADDRESS	196 20TH STREET, S.E.	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	
TITLE	TV	21 TITLE	ST ☒ Change ☐ Addition
NAME	NORTHRUP, MARGARET E.	22 NAME	Northrup, Margaret E.
STREET ADDRESS	2245 49TH STREET NORTH	23 STREET ADDRESS	2245 49th Street, North
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St. Petersburg, FL
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	WOLF, CHRISTINE M	32 NAME	DELETE. TERMINATED EMPLOYMENT.
STREET ADDRESS	12275 6TH STR E	33 STREET ADDRESS	RESIGNED AS OFFICER.
CITY ST ZIP	TREASURE ISLAND FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	DUNBAR, WILLIAM M	42 NAME	
STREET ADDRESS	13809 NO EDISON AVE	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	V ☐ Change ☐ Addition
NAME		52 NAME	ALFORD, LANCE Q.
STREET ADDRESS		53 STREET ADDRESS	2225 Nursery Road, Bldg 25, Apt. 206
CITY ST ZIP		54 CITY ST ZIP	Clearwater, FL 34624
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Margaret E. Northrup 3/22/95 813-545-9757
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
Margaret E. Northrup, Secretary/Treasurer

0373169 CP