

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 05 1997 8:00am  
Secretary of State

DOCUMENT # **L73508** (8)

1. Corporation Name

**MERCURY TECHNOLOGY SERVICES, INC.**

Principal Place of Business

**8800 49TH ST. N.  
311  
PINELLAS PARK FL 34686-5332  
US**

Mailing Address

**8800 49TH ST. N.  
311  
PINELLAS PARK FL 33782-5340  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 **33782**

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 **33782**

Country

30 **US**

3. Date Incorporated or Qualified

**05/17/1990**

3a. Date of Last Report

**05/01/1996**

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

**NORTHROP, MARGARET  
8800 49TH ST. NORTH  
SUITE 311  
PINELLAS FL 34686**

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  
**33782**

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 *Margaret E. Northrup*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
**5/30/97**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **ALFORD, DALE F., JR.**  
STREET ADDRESS **196 20TH STREET, S.E.**  
CITY-ST-ZIP **LARGO FL**

TITLE **ST** ☐ DELETE  
NAME **NORTHROP, MARGARET E.**  
STREET ADDRESS **2245 49TH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **V** ☐ DELETE  
NAME **ALFORD, LANCE Q**  
STREET ADDRESS **2225 NURSERY ROAD BLDG 25 APT 206**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE  
NAME **CHASTELET, GERRY**  
STREET ADDRESS **2500 GROVE CLUB LN., #202**  
CITY-ST-ZIP **CARY NC**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition  
1.2 NAME **Dunbar, William M.** (Omitted from  
1.3 STREET ADDRESS **13809 Edison Ave.** this report)  
1.4 CITY-ST-ZIP **Tampa, FL**

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 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.

CR2E034 (9/96)