

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

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L73508** (8)

1. Corporation Name  
**MERCURY TECHNOLOGY SERVICES, INC.**

Principal Place of Business <b>8800 49TH ST. N. 311 PINELLAS PARK FL 34666-5332 US</b>	Mailing Address <b>8800 49TH ST. N. 311 PINELLAS PARK FL 34666-5332 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>33782</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>33782</b>		3. Date Incorporated or Qualified <b>05/17/1990</b>	
25 Country		30 Country		4. FEI Number <b>59-3016970</b>	
25 Country		30 Country		Applied For <input type="checkbox"/> Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NORTHROP, MARGARET 8800 49TH ST. NORTH SUITE 311 PINELLAS FL 34666</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>33782</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFORD, DALE F., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>106 20TH STREET, S.E.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORTHROP, MARGARET E.</b>	2.2 NAME	
STREET ADDRESS	<b>2245 49TH STREET NORTH</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFORD, LANCE O</b>	3.2 NAME	
STREET ADDRESS	<b>2225 NURSERY ROAD BLDG 25 APT 206</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHASTELET, GERRY</b>	4.2 NAME	
STREET ADDRESS	<b>2500 GROVE CLUB LN., #202</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARY NC</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNBAR, WILLIAM M</b>	5.2 NAME	
STREET ADDRESS	<b>13809 EDISON AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **MARGARET E. NORTHROP** TREASURER

3/5/98

CR2E034 (10/97)