

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90099 010 \*\*\*150.00

0401968

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # L73508**

1. Corporation Name

**MERCURY TECHNOLOGY SERVICES, INC.**



Principal Place of Business 8800 49TH ST. N. 311 PINELLAS PARK FL 33782 US	Mailing Address 8800 49TH ST. N. 311 PINELLAS PARK FL 33782 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14310 Carlson Circle Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33626 Country 25 USA		2a. Mailing Address 26 14310 Carlson Circle Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33626 Country 30 USA		3. Date Incorporated or Qualified 05/17/1990 4. FEI Number 59-3016970 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 1999 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--	--

9. Name and Address of Current Registered Agent

**NORTHROP, MARGARET**  
**8800 49TH ST. NORTH**  
**SUITE 311**  
**PINELLAS FL 33782**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 14310 Carlson Circle  
 83  
 84 City Tampa FL 85 Zip Code 33626

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFORD, DALE F., JR.	1.2 NAME	Timothy E. Meister
STREET ADDRESS	196 20TH STREET, S.E.	1.3 STREET ADDRESS	535 20th Avenue North
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Indian Rocks Beach, FL 33785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTHROP, MARGARET E.	2.2 NAME	Robert Steve Capuro
STREET ADDRESS	2245 49TH STREET NORTH	2.3 STREET ADDRESS	1975 Arvis Circle West
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Clearwater, FL 33764 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ALFORD, LANCE O	3.2 NAME	
STREET ADDRESS	2225 NURSERY ROAD BLDG 25 APT 206	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASTELET, GERRY	4.2 NAME	
STREET ADDRESS	2500 GROVE CLUB LN., #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARY NC	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, WILLIAM M	5.2 NAME	
STREET ADDRESS	13809 EDISON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	V <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, with all other like empowered.

SIGNATURE: Margaret E. Northrup, Secretary/Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

813-349-9757

Date

Daytime Phone #

CR2E034 (11/98)