


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

FILED  
May 01 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 # **L86303** (9)  
1. Corporation Name  
**ACCELERATED DATA PROCESSING SYSTEMS, INC.**

Principal Place of Business <b>1511-A PENMAN RD JACKSONVILLE BEACH FL 32250 US</b>	Mailing Address <b>1511-A PENMAN RD JACKSONVILLE BEACH FL 32250 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4241 Baymeadows Road</b> Suite, Apt. #, etc. 22 <b>17</b> City & State 23 <b>Jacksonville, FL</b> Zip 24 <b>32217</b> Country 25 <b>U.S.A.</b>		2a. Mailing Address 26 <b>4241 Baymeadows Road</b> Suite, Apt. #, etc. 27 <b>17</b> City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>32217</b> Country 30 <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>07/05/1990</b>	4. FEI Number <b>59-3018806</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HYDE, PAMELA EVANS 1511 A PENMAN ROAD JACKSONVILLE BEACH FL 32250</b>				10. Name and Address of New Registered Agent 81 Name <b>Hyde, Pamela Evans</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4241 Baymeadows Road</b> 83 <b>Suite 17</b> 84 City <b>Jacksonville</b> FL 85 Zip Code <b>32217</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 Pamela Evans Hyde Pamela Evans Hyde 4-22-98  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>PD</b>	<b>GRAHAM, JOSEPH L.</b>	<b>4069 HUNTINGTON FRST BVD JACKSONVILLE FL</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>VD</b>	<b>HYDE, PAMELA EVANS</b>	<b>4429 ST JOHNS AVE JACKSONVILLE FL</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>SD</b>	<b>GRAHAM, JUNE E.</b>	<b>4069 HUNTINGTON FRST BLVD JACKSONVILLE FL</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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: Joseph L. Graham 4/22/98 (94) 322-5523

CR2E034 (10/97)