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

APPROVED AND FILED
95 MAY -1 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L92348 (6)

1. Corporation Name
APPLIED COMPUTER SERVICES, INC.

Principal Place of Business	Mailing Address
6622 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216-6188	6622 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216-6188

000001481330
-05/09/95--01111--020
*****208.75 *****208.75
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3022130 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired XX $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

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FLETCHER, BABETTE L.
50 N. LAURA ST
STE 3100, BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Kirschner, Main, Petrie, Graham, Tanner & Demont
83 One Independent Drive, Ste. 2000
84 City Jacksonville, FL 85 Zip Code 32202

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

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ARCAINI, GIOVANNI B.
STREET ADDRESS	7889 HUNTERS GROVE RD.
CITY ST ZIP	JACKSONVILLE FL
TITLE	DPT
NAME	GIBBES, WILLIAM R.
STREET ADDRESS	1428 INDIAN WOODS DR
CITY ST ZIP	NEPTUNE BCH. FL
TITLE	D
NAME	OWEN, DAVID B.
STREET ADDRESS	3248 HATTIE BROCK LANE
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	FLETCHER, BARETTE L
STREET ADDRESS	5020 YACHT CLUB RD
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP	32256	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP	32266	
3.1 TITLE	Delete David B. Owen	☒ Change ☐ Addition
3.2 NAME	as a Director	
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☒ Change ☒ Addition
4.2 NAME	Fletcher, Babette L.	
4.3 STREET ADDRESS		
4.4 CITY ST ZIP	32210	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William R. Gibbes, President — 4/24/95 — 904-296-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E033 CP