

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L92348** (6)  
1. Corporation Name  
**APPLIED COMPUTER SERVICES, INC.**

Principal Place of Business <b>6622 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216-6188</b>	Mailing Address <b>6622 SOUTHPOINT DRIVE S. SUITE 310 JACKSONVILLE FL 32216-6188</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/01/1990</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number <b>59-3022130</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Name and Address of Current Registered Agent <b>FLETCHER, BABETTE L. ONE INDEPENDENT DRIVE STE 2000 JACKSONVILLE FL 32202</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name <b>Fletcher, Babette L.</b>	85 Zip Code <b>32202</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>50 N. Laura St. Ste.3900</b>	
83	
84 City <b>Jacksonville</b>	

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 Babette L. Fletcher **Babette L. Fletcher** **3/28/98**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCAINI, GIOVANNI B.	1.2 NAME	
STREET ADDRESS	7889 HUNTERS GROVE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	1.4 CITY-ST-ZIP	
TITLE	DPY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBES, WILLIAM R.	2.2 NAME	
STREET ADDRESS	1428 INDIAN WOODS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH. FL 32208	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, BABETTE L	3.2 NAME	
STREET ADDRESS	5020 YACHT CLUB RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: William R. Gibbes **William R. Gibbes** **3/28/98** **(904) 296-2800**

CR2E034 (10/97)