FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011227 (5)

1. Corporate Name

AMERICAN CONTRACT MANAGEMENT OF JACKSONVILLE, FL ORIDA, INC.

Principal Place of Business
~~6606 MONCRIEF RD~~ 523-1 S. Ellis Rd.
JACKSONVILLE FL ~~32209~~ 32254

Mailing Address
5904 RICHMOND HWY
STE #403
ALEXANDRIA VA 22303
US

DATE FILED (FOR OFFICE USE ONLY)

3. Date Incorporated/Qualified: 12/10/1992
3a. Date of Last Report: 08/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # — 22
Suite, Apt. # — 27
City, State — 23
City, State — 28
24 25 29 30

4. FEI Number: 59-3153263 — Applied For / Not Applicable

5. Certificate of Status Desired: [✓] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. Does corporation now apply for adoption of election under s. 1355.02 Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MATTSON, MICHAEL V
6620 SOUTHPOINT DR S
SUITE 250
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. [illegible]

OFFICERS AND DIRECTORS

12.

TITLE	PTD
NAME	MCLARY, JAMES J
STREET ADDRESS	8206 MACK ST
CITY, STATE, ZIP	ALEXANDRIA VA 22308
TITLE	S
NAME	IRVIN, THOMAS D
STREET ADDRESS	6102 PAULONIA RD
CITY, STATE, ZIP	ALEXANDRIA VA 22310

13. ADDITIONS, CHANGES, DELETIONS AND CORRECTIONS

TITLE		[ ] Change	[ ] Add/Del
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE	S	[X] Change	[ ] Add/Del
NAME	Irvin, Thomas D.		
STREET ADDRESS	5980 Richmond Highway, #412		
CITY, STATE, ZIP	Alexandria, VA 22303		
TITLE		[ ] Change	[ ] Add/Del
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE		[ ] Change	[ ] Add/Del
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE		[ ] Change	[ ] Add/Del
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			
TITLE		[ ] Change	[ ] Add/Del
NAME			
STREET ADDRESS			
CITY, STATE, ZIP			

14. I hereby certify that the information contained on the report, including any additions and changes, is true and complete to the extent required by Section 607.0203, Florida Statutes. I further certify that the corporation has paid the prescribed filing fee, and that the corporation has complied with all applicable provisions of Florida Statutes, including but not limited to the payment of all applicable taxes, fees and penalties due to the State of Florida, and that it intends to conduct its business in the regular course of business. I further certify that I am an officer or director of the corporation or a person authorized by the corporation to file the report as required by Chapter 607, Florida Statutes, and that my name appears on the report as an officer or director or I am filing the report with an address.

SIGNATURE: Thomas D. Irvin — Thomas D. Irvin — 4/26/95 — (703) 960-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0485808 FN