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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000027312 (6)

ADVANCED COMPUTER SERVICE & CONSULTATION, INC.

Principal Place of Business Mailing Address 8800 UNIVERSITY PARKWAY B800 UNIVERSITY PARKWAY SUITE B-4 SUITE B-4 PENSACOLA FL 32514 PENSACOLA FL 32514-4913							
US		US		 Date Incorporated or Qualified 04/13/1993 	3a. Date of 1 05/01/19		
2. Principal Placi	e of Business A Langley Ave	2a. Mailing Address 26 3101-A L	angley Ave	4. FEI Number 59-3171655		Applied For Not Applicat	
Surte, Apt. #. e		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	.75 Additional see Required	
City & State		City & State		6. Election Campaign Financing		5.00 May Be	
	ola, FL	28 Pensacol	a, FI	Trust Fund Contribution		dded to Fees	
24 32504	Country 25 U.S.A.	Zip 29 32504	Country 30 U.S.A.		Yes 🗌 No		
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re			
SMITH, MANGARET P				Smith, Margaret P			
SUITE			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable) 3101-A Langley Ave			
–	COLA FL 32514		83				
			84 City	Pensacola,	FL 85	Zip Code 32504	
agent Laurif SIGNATURE Signatur	arm ar with, and accept the obliga- torice species pointed more of regulated ag-	ations of, Section 607.0505,	Florida Statutes. OTE Registereo Agent signature re		DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE PS	EHS AND DIRE		
	SMITH, MARGARET P	<u></u>	12 NAME	Smith, Margare		mango 1 Noute	
	7451 QUINN RD		1.3 STHEET ADDRESS	7455 Quinn Rd.			
City-St-Zir	WILTON FL		1.4 CITY - ST - ZIP	Milton, FL 325	B3		
1 '	<i>/</i> D	☐ DELETE	2.1 TITLE	VD	X C	hange 🔲 Addit	
	SMITH, RICKY K 7451 QUINN RD		2.2 NAME	Smith, Ricky K 7455 Quinn Rd			
	MILTON FL		2.3 STREET ADDRESS	Milton, FL 325	83		
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NARIY		-	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
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CITY-ST ZIP			4.4 CITY-ST-ZIP				
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01"V - \$.1 - 71"		**************************************	5.4 CITY-ST-ZIP				
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NAME			6.2 NAME				
STREET ADORESS			6.3 STREET ADDRESS				
CH r - ST- ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certily 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.

FILED

Apr 14 1997 8:00am

Secretary of State