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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027312 (6)

ADVANCED COMPUTER SERVICE & CONSULTATION, INC.

Principal Place	e of Business	Mailing Address	failing Address					
3101-A LANGE		3101-A LANGLEY AVE						
PENSACOLA I US	FL 32504	PENSACOLA FL 32504 US				DO NOT WRITE IN THIS SPACE		
US		00				3. Date Incorporated or Qualified		
						04/13/1993		
2. Principal P	lace of Business	2a. Mailing Address					ed For	
21		<u>⊢</u> ¬	26				pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 add		
22		27	27			5. Certificate of Status Desired Fee Regul	red	
City & State	е	Cily & State	City & State			6. Election Campaign Financing \$5.00 Ma	у Ве	
23		28				Trust Fund Contribution	ees	
Zip	Country Zip Co		Cour	ntry		8. This corporation owes or has paid the current year Intang	, I	
24	25 29 30			Personal Property Tax due June 30.				
9. Name and Address of Current Registered Agent					Ala	10. Name and Address of New Registered Agent		
	ITH, MARGARET P			B1	Name			
3101-A LANGLEY AVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32504				B3				
				8				
			[84	City	FL 85 Zip Coc	de	
11. Pursuant office or r agent. I a SIGNATURE						orporation submits this statement for the purpose of changing its re- ation's board of directors. I hereby accept the appointment as reg	egistered pistered	
	Signature, typed or printed name of registered			A g e	int signature requ	ured when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
12.	PS OFFICERS A	ND DIRECTORS DELETE	13.				Addition	
TITLE	SMITH, MARGARET P	☐ <i>V</i>	1.1 TITLE			· ·		
NAME	7455 QUINN RD			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	MILTON FL				· I			
CITY-ST-ZIP TITLE			1.4 C/T 2.1 T/T		1 - ZIP	Change	Addition	
NAME	BUILTY DIONA N		2.2 NA					
STREET ADDRESS	PASS OF HAND DO				ADDRESS			
CITY-ST-ZIP	AM YOU FI				1			
TITLE				2. 4 City-St-ZiP 3.1 Title		☐ Change	Addition	
NAME		_	3.2 NA	ME				
STREET ADDRESS			3 3 STF	EFT	ADDRESS			
CITY-ST-ZIP	3.4.		3.4. CF	Y-\$	ST-ZIP			
TITLE			4.1 TIT			Change	Addition	
NAME	4.		4. 2 NA	4. 2 NAME				
STREET ADDRESS	4.5		4.3 STF	4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4		4.4 CIT	4.4 CITY-ST-ZIP				
TITLE	DELETE 5.1			LE		☐ Change	Addition	
NAME 52N			5.2 NA	ME				
STREET ADDRESS			5.3 ST	RÉET	ADDRESS			

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 suppliemental 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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME **6.3 STREET ADDRESS**

DELETE

Change

Addition

FILED

Apr 20 1998 8:00am

Secretary of State