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FILED

May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P940000 22108

1. Corporation Name

Advanced Computers, Inc. of Jacksonville

Principal Place of Business

Mailing Address

9456 Phillips Highway
Suite 9
Jacksonville, FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-19-94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3242755

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Suchinda Banditchanturakit
9456 Phillips Highway
Suite 9
Jacksonville, FL 32256

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President
NAME: Banditchanturakit, Suchinda
STREET ADDRESS: 9456 Phillips Highway Ste 9
CITY, ST, ZIP: Jacksonville, FL 32256

TITLE: ☐ DELETE
NAME: ☐ DELETE
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11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

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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: Suchinda Banditchanturakit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #