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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000035352 (1)

1. Corporation Name

ATLANTIC OFFICE SOURCES, INC.

Principal Place of Business

8093 PHILLIPS HWY. - BLDG. #102  
JACKSONVILLE FL 32258  
5909 ST. AUG

Mailing Address

8093 PHILLIPS HWY. - BLDG. #102  
JACKSONVILLE FL 32258-1338

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

08/09/1996

2. Principal Place of Business

21 5909 ST. AUGUSTINE RD

2a. Mailing Address

26 10991-55 SAN JOSE BL #141

Suite, Apt. #, etc.

22 #7

Suite, Apt. #, etc.

27 #141

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE

Zip

24 32223

Country

25 USA

Zip

29 FL

Country

30 USA

9. Name and Address of Current Registered Agent

WESCH, SHEILA P  
12821 JULINGTON FOREST DRIVE WEST  
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

81 Name PHILIP B. WELCH  
82 Street Address (P.O. Box Number is Not Acceptable)  
10991-55 SAN JOSE BLVD #141  
83  
84 City JACKSONVILLE FL 85 Zip Code 32223

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/97

12. OFFICERS AND DIRECTORS

1.1 TITLE P ☒ DELETE

NAME WELCH, SHEILA P  
STREET ADDRESS 12821 JULINGTON FOREST DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE FL

1.2 TITLE VP ☒ DELETE

NAME WELCH, PHILLIP B.  
STREET ADDRESS 12821 JULINGTON FOREST DRIVE WEST  
CITY-ST-ZIP JACKSONVILLE FL

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES CEO ☒ Change ☐ Addition

1.2 NAME WELCH, PHILIP B.  
1.3 STREET ADDRESS 10991-55 SAN JOSE BLVD #141  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/97 904-737-1166

CR2E034 (9/96)