

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90006 047 ***150.00

DOCUMENT # P94000082171

1. Corporation Name
NORTH AMERICAN SUPPORT SYSTEMS, INC.

Principal Place of Business
**4600 LIPSCOMB ST NE
SUITE 1
PALM BAY FL 32905**

Mailing Address
**4600 LIPSCOMB ST NE
SUITE 1
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number
59-3236506

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **690 Discovery Dr**

26 **690 Discovery Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Huntsville**

27

City & State

City & State

23 **AL**

28 **Huntsville, AL**

Zip

Zip

24 **35806** 25 **USA**

29 **35806** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

81 Name

Victor S. Kostro

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

1825 Riverview Drive

83

84 City

Melbourne

FL

85 Zip Code
32901

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

Victor S. Kostro

04-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STIMPSON, JON L
STREET ADDRESS **4600 LIPSCOMB ST NE #1**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ DELETE
NAME **D**
STIMPSON, MARGARET L
STREET ADDRESS **4600 LIPSCOMB ST NE #1**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **690 Discovery Dr.**
1.4 CITY-ST-ZIP **Huntsville, AL 35806**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **690 Discovery Dr.**
2.4 CITY-ST-ZIP **Huntsville, AL 35806**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Jon L Stimpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99 256 922-9990

CR2E034 (11/98)

0110070