

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024021 (4)

1. Corporation Name

AUTOMATED NETWORK SERVICES, INC.



Principal Place of Business

6320 ST. AUGUSTINE ROAD
BUILDING 6
JACKSONVILLE FL 32217

Mailing Address

6320 ST. AUGUSTINE ROAD
BUILDING 6
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 17283 RIVER ISLE CIR

Suite, Apt. #, etc.

22 City & State
JACKSONVILLE FL

24 Zip
32226

Country
USA

2a. Mailing Address

26 17283 RIVER ISLE CIR

Suite, Apt. #, etc.

27 City & State
JACKSONVILLE FL

29 Zip
32226

Country
USA

4. FEI Number

59-3315735

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, J. MARK
6320 ST. AUGUSTINE ROAD
BUILDING 6
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
DAVIS, J. MARK

82 Street Address (P.O. Box Number is Not Acceptable)
17283 RIVER ISLE CIR

83

84 City
JACKSONVILLE

FL

85 Zip Code
32226

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

J. Mark Davis

(NOTE: Registered Agent signature is required when recording)

04-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, J. MARK
STREET ADDRESS 17283 RIVER ISLE CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32222-6

TITLE STD
NAME DAVIS, JANET J
STREET ADDRESS 17283 RIVER ISLE CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32222-6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME DAVIS, J. MARK
1.3 STREET ADDRESS 17283 RIVER ISLE CIR
1.4 CITY-ST-ZIP JACKSONVILLE FL 32222-6

2.1 TITLE STD
2.2 NAME DAVIS, JANET J
2.3 STREET ADDRESS 17283 RIVER ISLE CIR
2.4 CITY-ST-ZIP JACKSONVILLE FL 32222-6

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

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

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

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

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

J. Mark Davis / J. Mark Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-96 904448 0430

DATE

Daytime Phone #

CR2E034 (12/95)