

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 06 1998 8:00am
Secretary of State

DOCUMENT # **P95000082526 (1)**

1. Corporation Name

BAY AREA COMPUTER SERVICES, INC.



Principal Place of Business

**1839 MOURNING DOVE DRIVE
PALM HARBOR FL 34683**

Mailing Address

**1839 MOURNING DOVE DRIVE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1995

4. FEI Number

65-0632991

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THOMAS, ROBERT S
1839 MOURNING DOVE DR.
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **THOMAS, ROBERT S**
STREET ADDRESS **1839 MOURNING DOVE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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*****150.00**

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8-6**

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

7-9-98

813 531 1481

CR2E034 (5/98)

PJ2

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

July 30, 1998

Dear Sirs,

I, Robert S. Thomas, do solemnly swear that I did not receive a copy of the PROFIT CORPORATION ANNUAL REPORT until the first week in July, when I received, at that time, a copy marked "Second Notice."

Upon receiving the copy marked Second Notice, I called your office during the week of July 6th, and explained this fact. The individual from your office that I spoke with instructed me to send in the form, with a check for \$150, and attach a letter explaining our circumstance.

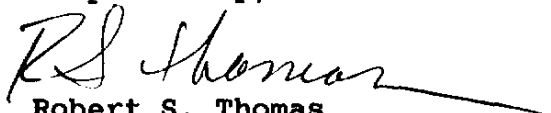
I did as instructed, only to have my application and check returned with my letter of explanation torn off, and the attached form letter in its place.

I immediately called your office yesterday, July 29th, and was instructed to rewrite my letter of explanation, re-attach it to the other forms, and send it and the check back to the above address.

Thank you for the opportunity to respond. If you require any additional information I can be reached during office hours at 727 531 1481, or at home at 727 789 5282.

In the event that this matter can not be resolved and these forms are returned again, would the person who makes this determination please identify themselves, instead of returning my forms anonymously with a form letter. This will work for our mutual benefit and allow us to clear up the matter in a more timely fashion.

Respectfully,


Robert S. Thomas
1839 Mourning Dove Dr.
Palm Harbor, FL 34683