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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 20 1997 8:00am

Secretary of State

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AMERICAN DOCUMENT SOLUTIONS, INC.

Principal Place 805 VIRGINIA / SUITE 12 FT. PIERCE FL	AVENUE	Mailing Address 805 VIRGINIA AVENUE SUITE 12 FT. PIERCE FL 34982-58	805 VIRGINIA AVENUE			
					3. Date Incorporated or Qualified 12/26/1995	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address	⊢ *		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		65-0648526	Not Applicable
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip			This corporation has liability for in	
24	25 29 30		30		Florida Statutes 🔀 Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agent	81		10. Name and Address of New Reg	istered Agent
MACGLENNON, KATHLEEN				Name		
805 VIRQINIA AVENUE SUITE 12			82	Street Add	ress (P.O. Box Number is Not Acceptable	le)
	PIERCE FL 34982		83			
	. 12.102 1 2 0 1002					
			84	,		FL 85 Zip Code
I Office of t	egistered agent, or both, in the Sta	ne or monda, such change was	s aumorizea b	y the corpora	poration submits this statement for the patient's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent. ra	im familiar with, and accept the obl	igations of, Section 607.0505, F	Florida Statute	S.		_
SIGNATURE	Signature, typed or printed name of registered	agent and tille if applicable (NC	OTC Registered Ag	rni signature requ	ired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD DANIEL	☐ DELETE	L DELETE 1.1 TITLE			☐ Change ☐ Addition
NAME STICKLE, DANIEL STREET ADDRESS 805 VIRGINIA AVENUE			1.2 NAME			
STREET ADDRESS	FT. PIERCE FL 34982	1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	VSD	DELETE	1.4 C(TY - ST - Z(P 2.1 T(TLE			Change Addition
NAME	STICKLE, SANDRA	La Decert	2.2 NAME			□ orange □ Xooston
STREET ADDRESS	805 VIRGINIA AVENUE		2.3 STREE	ADDRESS		
CITY-ST-ZIP FT. PIERCE FL 34982			2. 4 CITY - \$1 - ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3 4. CITY-	ST-ZIP		
NAME	Deterie		4.1 THLE 4. 2 NAME			☐ Change ☐ Acdition
STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDRECC		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Acdition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-21P		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CiTY-ST-ZIP			sacity.s	T. 710		

I do 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.