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

P95000097009

Mailing Address

SUITE 12

805 VIRGINIA AVENUE

FT. PIERCE FL 34982

**PROFIT** CORPORATION ANNUAL REPORT

1999

AMERICAN DOCUMENT SOLUTIONS, INC.

**DOCUMENT #** 

Principal Place of Business

805 VIRGINIA AVENUE

FT. PIERCE FL 34982

SUITE 12



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90235 017 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

					12/26/1995			
2. Principal Place of Business		2a. Mailing Address			4. FEI Nur iber	Applied For		
21 1180 5. 45.1		26 1180 5.4	.5. 1			65-0648526		t /vpplicable
Suite, Ap #, etc.		Suite, Apt. #, etc.				5. Certifca e of Status Desired		Ad Jitional
22 Suite F		27 Box 8				C. Services College Desires	Fee Re	
City & State	_	City & State	_			6. Election Campaign Financing	\$5.00	,
TO VOIC DICE	1	28 Vero Beac	<u>以, F1.</u>			Trust Fund Contribution	Added t	o Fees
Zip Coi	unt y	Zip		intry	_	8. This corporation owes the current year liitang		Пъ
-7  -7 - 1 -4	<u> </u>	29 32962	30 U	5/	<del>}</del>	Felsoliat Flopolity Tax:	Yes	[]No
9. Name and Ac	dress of Current	Registered Agent		81	None	10. Name and Address of New Registered Age	:111	
NACCI ENDIONI MATH	i C'Esi			0'	Name			
	MACGLENNON, KATHLEEN 805 VIRGINIA AVENUE - 1180 5, 45 I.			Street Add	Address (P.O. Box Number is Not Acceptable)			
805 VIRGINIA AVENUI								
SUITE 12		eF		83				
-FT-PIERCE FL 34982	Vere	, Beach, Fl. 31	2962	84	City		35 Zip (	Code
				1	Ť	poration submits this statement for the purpose of charges the appointment for the purpose of the appointment to the appointment of displaces the appointment of the		
office or registered agent, or tagent. I am familiar with, and SIGNATURE	onto in the State of	Florida, Such change w	vas žiutnonzei	עם כ	ine corporat	tion's total of directors. Thereby accept the appointment	en as fe	
Signature, typed or printed	name of registered agent	and title if applicable.		Agen	t signature requir	red when reinstating) DATE	NDE OTO	C (M) 40
12. ·	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE PD		☐ DELET	Έ 1.1 TI	TLE			] Change	Addition
NAME STICKLE, DANIE	L		1.2 N	AME				
STREET ADDRE 33 -805-VIRGINIA A	AENTE 1180	5.4.S.1.# F	135	TREET	ADDRESS			
CITY-ST-ZIP FT. PIERCE FL	34982 Vac	Beach, F.I.		ITY- \$1	r-ZIP	<u> </u>		
TITLE VSD		☐ DELET	E 2.1 T	TLE		Ĺ	] Change	☐ Addition
NAME STICKLE, SAND	RA		2 2 N	AME				
STREET ADDRESS 805 VIRGINIA A	VENUE 1180	5.45. 1. #F	2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP -FT. PIERCE-FL	34982 Verc,	Beach, F1.	2.40	ITY-Ş	T-ZIP			
TITLE		☐ DELET	E 3.1 TI	πE			] Change	☐ Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4 0	ITY-S	T-ZIP			
TITLE		☐ DELET	E 41T	ITLE	- <u> </u>	Ε	] Change	Addition
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 0	ITY-S	T-ZiP			
TITLE		☐ DELET	TE 5.1 T	TLE			Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRI SS			53S	TREET	TADDRESS			
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP			
TITLE	_ <del></del>	☐ DELET	E 6.1 T	TLE			Change	Addition
NAME			62 N	AME				
STREET ADDRESS			6.3 S	TREET	ADDRESS			
City-St-Zip			6.4 C	ITY-S	T-ZIP			
Un 1-31-41F								

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 signa ure 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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

4120/99

(161) 778-4858

CR2E034 (11/98)