

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000003231 (3)

1. Corporation Name

FLAGLER TECHNICAL SERVICES INC.

Principal Place of Business

Mailing Address

P O BOX 1677
FLAGLER BEACH FL 32136

P O BOX 1677
FLAGLER BEACH FL 32136-1677



2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/08/1996

4. FEI Number

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

COLE, GLEN S
69 RICHMOND DR
PALM COAST FL 32136

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 officer 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

(Type or print name of the person who is authorized to sign this statement)

(Type or print name of the person who is authorized to sign this statement)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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Change Addition

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COLE GLEN
69 RICHMOND DR
PALM COAST, FL 32136
LOPEZ GABE
P.O. Box 222
DUNNELL FL 32110
10 GALLIBERRY CT

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, Florida Statutes, and that the information is true and accurate and that my signature is in the office of the corporation or the receiver or trustee empowered to execute this report as required by Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address

(i). Florida Statutes. I further certify that the information is true and accurate and that my signature is in the office of the corporation or the receiver or trustee empowered to execute this report as required by Section 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address

SIGNATURE:

Glen S Cole

2-25-97 904 437-4364