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

PROFIT CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000007246**1. Corporation Name

APPLIED COMPUTER LOGIC INC.

Principal Place of Business

Mailing Address

240 W. WASHINGTON STREET MONTICELLO FL 32344

240 W. WASHINGTON STREET MONTICELLO FL 32344

## FILED Jan 27, 1999 8:00am Secretary of State

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. DO NOT WRITE IN THIS SPACE

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City & State  Ci	May Be to Fees  No  No  Code s registered egistered
City & State 23   28   City & State 23   Zip   Country   Zip   Personal Property Tax.   Jees  9. Name and Address of Current Registered Agent   30   Name and Address of New Registered Agent   310. Name and Address of New Registered Agent   310. Name and Address of New Registered Agent   32   Street Address (P.O. Box Number is Not Acceptable)    11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as nagent. 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 dispature required when reinitating)   DATE	No No Code s registered egistered
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Zip Country Zip Country Zip Country 2	Code s registered egistered
9. Name and Address of Current Registered Agent  GEORGIADIS, BRENDA 1195 E. PEARL STREET MONTICELLO FL 32344  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 it 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 n agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it 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 n agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or re	Code s registered egistered
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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	Addition

. 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, with all other like empowered.

SIGNATURE

SNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-50

Daytime Phone #

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