

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000042815 (6)

1. Corporation Name  
ACS COMPUTER SERVICES, INC.



Principal Place of Business  
4215 SOUTHPOINT BOULEVARD #100  
JACKSONVILLE FL 32216

Mailing Address  
4215 SOUTHPOINT BOULEVARD #100  
JACKSONVILLE FL 32216-0999

2. Principal Place of Business

21 700 UNION ST.

Suite, Apt. #, etc.

22 F-2

City & State

23 JACKSONVILLE, FL

Zip

24 32206

Country

25 USA

26. Mailing Address

26 P.O. BOX 1445

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32201

Country

30 USA

3. Date Incorporated or Qualified  
07/01/1996

3a. Date of Last Report  
NONE

4. FEI Number

59-3391047

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required  
☐ \$5.00 May Be  
Added to Fees

6. Election Campaign Financing  
Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
100 NATIONAL FINANCIAL BUILDING  
4215 SOUTHPOINT BOULEVARD  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name  
WILLIAM C. SANDBERG  
82 Street Address (P.O. Box Number is Not Acceptable)  
700 UNION ST  
83 SUITE F-2  
84 City  
JACKSONVILLE FL  
85 Zip Code  
32206

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 *W.C. Sandberg* W.C. SANDBERG PRESIDENT 4-15-97

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANDBERG, WILLIAM  
POST OFFICE BOX 1445  
JACKSONVILLE FL 32201

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PST  
William Sandberg  
Post Office Box 1445  
Jacksonville, FL 32201

☐ Change ☒ Addition

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

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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.

SIGNATURE: *W.C. Sandberg* W.C. SANDBERG PRESIDENT 4-15-97

CR2E034 (9/96)