

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

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000086882 (3)

1. Corporation Name

AMERICAN ACCESS TECHNOLOGIES, INC.

Principal Place of Business

238 N WESTMONTE DR
SUITE 210
ALTAMONTE SPRGS FL 32714
US

Mailing Address

238 WESTMONTE DR
SUITE 210
ALTAMONTE SPRGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3410234

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

STORY, B. E.
238 N WESTMONTE DR
SUITE 210
ALTAMONTE SPRGS FL 32714

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 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

Signature (typed or printed name of registered agent must file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | XX DELETE |
| NAME | JONES, STEVE R | |
| STREET ADDRESS | 1680 LAUREL CREEK DR | |
| CITY-ST-ZIP | LAWRENCEVILLE GA | |
| TITLE | VPO | <input type="checkbox"/> DELETE |
| NAME | MURRAY, RICHARD A | |
| STREET ADDRESS | 356 CYPRESS LANDING DR | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | VPO | XX DELETE |
| NAME | ROBINSON, STEVEN K | |
| STREET ADDRESS | 1401 HORIZON CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | STORY, B. E. | |
| STREET ADDRESS | 184 GOLF CLUB DR | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COONEY, JOHN W | |
| STREET ADDRESS | 169 LINCOLN RD #318 | |
| CITY-ST-ZIP | MIAMI BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Victor E. Murray | |
| 1.3 STREET ADDRESS | 105 Foxridge Run | |
| 1.4 CITY-ST-ZIP | Longwood, FL 32750 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Victor D. Phillips | |
| 3.3 STREET ADDRESS | 2738 Rainier Street | |
| 3.4 CITY-ST-ZIP | Florence, SC 29505-6463 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 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:

2-2-98 407-865-7696

CR2E034 (10/97)