

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 20 1998 8:00am
Secretary of State

DOCUMENT # P97000015214 (4)

1. Corporation Name
A-SQUARED, INC.



Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD
SUITE 100
JACKSONVILLE FL 32216

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SUITE 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

59-3444110

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
4215 SOUTHPOINT BLVD
SUITE 100 NATIONAL FINANCIAL BLVD.
JACKSONVILLE FL 32216

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 607.1505, 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME HODGES, ALISON
STREET ADDRESS 111 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

12 NAME Hodges, Alison
13 STREET ADDRESS 111 Beach Avenue
14 CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME CURTIS, AARON
STREET ADDRESS 111 BEACH AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

22 NAME Curtis, Aaron
23 STREET ADDRESS 111 Beach Avenue
24 CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-ST-ZIP

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 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; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE *[Signature]* 3/24/98 (904) 958-5305

CR2E034 (10/97)