

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

**FILED**  
**May 13 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 # P97000020366  
 1. Corporation Name  
**X-P-DITE SERVICES, INC.**

Principal Place of Business: **1930 San Marco Blvd. Suite 202 Jacksonville, FL 32207**  
 Mailing Address: **391-C Corporate Way Orange Park, FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **2-24-97**

4. FEI Number: **59-3427999** 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: **1930 San Marco Blvd. Suite 202 Jacksonville, FL 32207**

2a. Mailing Address: **391-C Corporate Way Orange Park, FL 32073**

21. Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

26. Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent  
**CYNTHIA L. STAMFORD**  
**STAMFORD BUSINESS SERVICES, INC.**  
**391-C CORPORATE WAY**  
**ORANGE PARK, FL 32073**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Not Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE:  DELETE  
 NAME: **MYRA O. FRASIER**  
 STREET ADDRESS: **1930 SAN MARCO BLVD STE 207**  
 CITY-ST-ZIP: **JACKSONVILLE, FL 32207**

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS:  
 1.4 CITY-ST-ZIP:  Change  Addition

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

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(1), 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 effect as if made under oath; that I am an officer or director of the corporation; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with my full name and address.

SIGNATURE: **Myra O. Frasier** MYRA O. FRASIER 4/28/98 904-396-9955  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10000252923P  
 05/15/98 01049-027  
 www.fso.org

CR2E034 (10/97)