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

DOCUMENT # **P97000027086 (2)**

MEDLOCK COMPUTER SOLUTIONS, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 10011001 116 (BIN 10011 60111 00111 0011 0011 10111 10111 10111 10110 1111 11110 1111 11110 11110 11110 1
1322 CHINOOK TRAIL CT. 1322 CHINOOK TRAIL CT.				
JACKSONVILLE FL 32225		JACKSONVILLE FL 32225		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				03/21/1997
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3438693 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	1 0	Trust Fund Contribution Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Currer		1301	10. Name and Address of New Registered Agent
WOLFE, LARRY 81 Name Details 4 M / / /				
200-A JOHN KNOX ROAD			82 Stree	PATFICIA / . /Vedlock
TALLAHASSEE FL 32303-6643			52 Stree	et Address (P.O. Box Number is Not Acceptable)
			63	
			84 City	Sackson ville
			On,	FL 85 Zip Code 32225
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, 5505, Florida Statutes.				
SIGNATURE	Sabricia a.	Medlork,	Presiden	4/4/98
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	NOTE: Registered Agent signat.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOTALE	Change Addition
NAME	MEDLOCK, PATRICIA ANN		1.2 NAME	
STREET ADDRESS	1322 CHINOOK TRAIL CT.		1.3 STREET ADDRESS	is i
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	is i
CITY-ST-ZIP		T of the	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME STORES ADDOCAGE			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	» [
CITY-ST-ZIP		DELETE	3.4, CITY-ST-ZIP	Change Addition
NAME			1.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	_{ss}
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	is
CITY-ST-ZIP			5.4 CITY+ST-ZIP	
TITLE		☐ D€LETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	ss
CITY-ST-ZIP	and the same and t	tink their filters of the second	6.4 CITY-ST-ZIP	Land in Continue 40 07/20/10 Florida Change 11 di continue 12 di c
14. I nereby c	serury that the information supplied w	vim this filing does not qualif	y for the exemption sta	ated 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 are 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.

GNATURE:

Abrieri

Q04)221-582

SIGNATURE: