

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  
Feb 27 1998 8:00am  
Secretary of State

DOCUMENT # **P97000034476 (6)**

1. Corporation Name  
**3D TECHNICAL SERVICES, INC.**

Principal Place of Business

**1415 TIMBERLANE RD., STE. 201  
TALLAHASSEE FL 32312**

Mailing Address

**1415 TIMBERLANE RD., STE. 201  
TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/16/1997**

4. FEI Number

**59-3445757**

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

**HOUGH, J. STEVEN  
1415 TIMBERLANE RD., STE. 201  
TALLAHASSEE FL 32312**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **WESTER, CHARLES L**  
STREET ADDRESS **120 HORSESHOE RD.**  
CITY-STATE-ZIP **BAINBRIDGE GA 31717**

TITLE **DVS** ☐ DELETE  
NAME **HOUGH, J. STEVEN**  
STREET ADDRESS **700 FOREST LAIR**  
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

TITLE **DVT** ☐ DELETE  
NAME **WILKIE, WILLIAM Y**  
STREET ADDRESS **1500 OLDFIELD DR.**  
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

TITLE **DV** ☐ DELETE  
NAME **NORMAN, DAVID W**  
STREET ADDRESS **2621 NOBLE DR.**  
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

TITLE **DV** ☐ DELETE  
NAME **LANE, JOSEPH A**  
STREET ADDRESS **1515 HICKORY AVE.**  
CITY-STATE-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **Wester, Charles L.**  
1.3 STREET ADDRESS **1519 Longleaf**  
1.4 CITY-STATE-ZIP **Bainbridge, GA 31717**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **Wilkie, William Y.**  
3.3 STREET ADDRESS **12600 Laurel Hill Drive**  
3.4 CITY-STATE-ZIP **Tallahassee, FL 32308**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

02/23/98

850-893-7722

CR2E034 (10/97)