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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000041220 (9)

MANAGED SERVICES FOR TECHNOLOGY AND PLANNING, IN

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1209 SOUTHWEST 75 DRIVE 1209 SOUTHWEST 75 DRIVE GAINESVILLE FL 32607 GAINESVILLE FL 32007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3448736 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes No No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MERCER, SHERRY R1 Name 1209 SOUTHWEST 75 DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32607** 83 84 City 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, typod or printed mone of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE Secretary 1.2 NAME NAME Billy A. Mercer STREET ADDRESS 1.3 STREET ADDRESS 1209 S.W. 75th Drive Gainesville, FL 32607 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETÉ Addition TITLE 4.1 TITLE ☐ Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change Addition 5.1 HILE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C/TY - 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 il changed, or on an attachment with an address.

Blily A- Merces