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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P97000055499 (2) DOCUMENT # AVONDALE TECHNOLOGY SERVICES, INC. Principal Place of Business Mailing Address 3832 OAK ST 3832 OAK ST JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 4. FEI Number 59 -2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBEYSEK, JAMES W JR. 3832 OAK ST 82 Street Address (P.O. Box Number is Not Acceptable) JACKBONVILLE FL 32205 83 84 City 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 lamiliar 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE ROBEYSEK, JAMES W JR. NAME 1.2 NAME 3832 OAK ST STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 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 3.4. CITY - ST - ZIP 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 DELETE TITLE 5.1 TITLE Change Change __ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-\$T-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 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 chapted, or op an attaching his with an address.

WINDREYSER TOULDIGG

FILED

Apr 17 1998 8:00am

Secretary of State