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 # P97000060635 (4)

ALL BANK SYSTEMS CONSULTING, INC.

FILED May 14 1998 8:00am Secretary of State



				<u> </u>	
Principal Place	e of Business	Mailing Address			
606 SAWARA		606 SAWARA CIRCLE			
PENSACOLA FL 32506		PENSACOLA FL 32506		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/11/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3462723	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
ĮΖip	Country	Zip	Country	8. This corporation owes or has paid the o	urrent year Intangible
24	25	29 30	o]	Personal Property Tax due June 30.	Yes ANo
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Flegistere	d Agent
WO	LFE, LARRY		81 Name (alenn C. Tours	
	-A JOHN KNOX ROAD			dress (P.O. Box Number is Not Acceptable)	
TALL AH ASSEE FL 32303-6643				o6 Sawara Cir.	
			83		
			84 City		85 Zip Code
				ensacola F	LII オスぶつん !
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					
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 Lorida. 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	Glenn C Toup		ZIVenn C	4/2	8/98
Signature, typed or printed name of registered ligent and falls if applicable (AOIE Registered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D SOURCE OF FAIR O	☐ DELETE	1.1 TITLE		Change Addition
NAME	TOUPS, GLENN C		1.2 NAME		
STREET AODRESS	606 SAWARA CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32506		1.4 CITY - ST - ZIP		
TITLE		☐ DÉLETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(TY - 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		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	AP A A A A A A A A A A A A A A A A A A	10 and 100 discount of 100 discount		- Caption 410 07/0V/) Florida Statutos I further	

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 informatic 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.