

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND
FILED**

APR 11 PM 2:07

**95 APR 11 PM 2:07 OF STATE
TALLAHASSEE, FLORIDA**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V26520 (9)

1. Corporation Name

AMERICAN CONTRACT SERVICES, INC.

Principal Place of Business

**5001 GRANDE DR
UNIT #512
PENSACOLA FL 32504
US**

Mailing Address

**P O BOX 10020
PENSACOLA FL 32524-0020
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3116485

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, CHARLES J.
5001 GRANDE DR UNIT
UNIT #512
PENSACOLA FL 32504**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

2991 Meredith Drive

84. City

Pensacola

85. State

FL

86. Zip Code

32504

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

C.J. Brown

4/4/95

Signature, type or print name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BROWN, CHARLES J.
STREET ADDRESS	5001 GRANDE DR, UNIT #512
CITY - ST - ZIP	PENSACOLA FL
TITLE	PSD
NAME	DEFRIES, KATHERINE J
STREET ADDRESS	5001 GRANDE DR, UNIT #512
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2991 Meredith Drive	
1.4 CITY - ST - ZIP	Pensacola, FL 32504	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	2991 Meredith Drive	
2.4 CITY - ST - ZIP	Pensacola, FL 32504	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 resolver 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:

C.J. Brown

C. J. Brown, President

4/4/95

(904) 474-6381

Signature and Title of Officer or Director

Telephone Number