

**FILE NOW FILING FEE AFTER MAY 1ST IS \$880.00**

**FILED**

**Feb 27 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Monteth</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V26520 (9)**

1. Corporation Name  
**AMERICAN CONTRACT SERVICES, INC.**

Principal Place of Business <b>7502 HARVEST VILLAGE BLVD</b> <b>UNIT #512</b> <b>NAVARRE FL 32566</b> <b>US</b>	Mailing Address <b>7502 HARVEST VILLAGE BLVD</b> <b>NAVARRE FL 32566</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 <b>Delete</b> 23 City & State 24 Zip 25 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> <b>04/06/1992</b>	
<b>4. FEI Number</b> <b>59-3116485</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>BROWN, CHARLES J.</b> <b>7502 HARVEST VILLAGE BLVD</b> <b>UNIT #512</b> <b>NAVARRE FL 32566</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name <b>Katherine J. DeFries</b> 82 Street Address (P.O. Box Number Not Acceptable) <b>2991 MEREDITH DRIVE</b> 83 84 City <b>PENSACOLA 1</b> FL 85 Zip Code <b>32504</b>			
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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 *Katherine J. DeFries* **Katherine J. DeFries** **2/22/98**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>BROWN, CHARLES J.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>724 KAREN AVENUE</b>	1.2 NAME	
STREET ADDRESS	<b>FT WALTON BCH FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD <b>DEFRIES, KATHERINE J</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2991 MEREDITH DRIVE</b>	2.2 NAME	
STREET ADDRESS	<b>PENSACOLA FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: *Katherine J. DeFries* **2/11/98** **(850) 936-0036**

CR2E034 (10/97)