

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 28 1996 8:00 am
Secretary of State

DOCUMENT # V30283 (8)

1. Corporation Name

ADVANCED FILE STORAGE SERVICES INC.

Principal Place of Business

8286 WESTERNWAY CIRCLE
SUITE C-8
JACKSONVILLE FL 32256
US

Mailing Address

C/O DAVID A. KING ATTORNEY
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3123703

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

KING, DAVID A
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

81 Name

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

83

84 City

FL

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
THOMPSON, W. RALEIGH
3528 LULL WATER LANE
ORANGE PARK FL

☐ DELETE

1.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

2.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
WAHL, SHANNON D.
6005-A WOODPECKER CIRCLE
JACKSONVILLE FL

☐ DELETE

2.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

3.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
ST
ROLLINGS, ROBERT H
156 KINGSLEY AVENUE
ORANGE PARK FL 32073

☐ DELETE

3.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shannon D. Wahl, President

2/2/96

Daytime Phone #

CR2E034 (12/95)