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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000008651 (7) DOCUMENT #

ADEPT COMPUTING, INC.

FILED May 04 1998 8:00am Secretary of State



11/36/00 010 000

Principal Place of Business Mailing Address 1528 N RIVERHILLS DR 1528 N RIVERHILLS DR TAMPA FL 33617 **TAMPA FL 33617** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0640791 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 29 30 Personal Property Tax due June 30. 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MUDD, LINDA 1528 N RIVERHILLS DR 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617 B3** 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 familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of repetered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition TITLE 1.1 7010 NAME MUDD, LINDA 1.2 NAME 1528 N RIVERHILLS DR STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33617** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE Addition 2.1 THILE 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 THLE Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZtP 6.4 CITY - ST - Z(P 14. Thereby 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 typort 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.