

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V62426

(4)

1. Corporation Name

COMPU TECH OF NORTH FLORIDA, INC.

Principal Place of Business

3813 - 7 NORTH MONROE ST.
SUITE 100
TALLAHASSEE FL 32303

Mailing Address

3813 - 7 NORTH MONROE ST.
SUITE 100
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1992

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3141872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, LOCKSLEY L
5642 LUMKER LANE
TALLAHASSEE FL 32303

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Locksley L. Thomas
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

LOCKSLEY, THOMAS

STREET ADDRESS

3813-7 NORTH MONROE STREET, SUITE 100

CITY - ST - ZIP

TALLAHASSEE FL 32303

TITLE

V

NAME

BURTON, MICHAEL

STREET ADDRESS

55 MAGNOLIA STREET

CITY - ST - ZIP

PANAMA CITY FL

TITLE

VS

NAME

MICHAHSKI, JOHN

STREET ADDRESS

8649 OAK FLORAL TRAIL

CITY - ST - ZIP

TALLAHASSEE FL 32312

TITLE

T

NAME

LOCKSLEY, THOMAS

STREET ADDRESS

3813-7 NORTH MONROE STREET, SUITE 100

CITY - ST - ZIP

TALLAHASSEE FL 32303

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(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 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:

Locksley L. Thomas

Locksley L. Thomas (Principal)

4/24/96

904 562 7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number