

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S43048 (5)**  
1. Corporation Name  
**COMPUTER RESEARCH & CONSULTING, INC.**



Principal Place of Business  
**8400 BAYMEADOWS WAY  
SUITE 7  
JACKSONVILLE FL 32256  
US**

Mailing Address  
**8400 BAYMEADOWS WAY  
SUITE 7  
JACKSONVILLE FL 32256-8248  
US**

2. Principal Place of Business  
21 **3697 CrownPoint Court**  
Suite, Apt. #, etc.  
22 **Suite 1**  
City & State  
23 **Jacksonville FL**  
Zip  
24 **32257** Country  
25 **USA**

2a. Mailing Address  
26 **3697 CrownPoint Court**  
Suite, Apt. #, etc.  
27 **Suite 1**  
City & State  
28 **Jacksonville FL**  
Zip  
29 **32257** Country  
30 **USA**

3. Date Incorporated or Qualified  
**04/03/1991**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**59-3056779**

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**

**CAMACHO, CIRO R.  
2276 HAMMOCK OAKS DR N  
JACKSONVILLE FL 32223**

**10. Name and Address of New Registered Agent**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------|---|---|
| TITLE                      | PTD                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMACHO, CIRO R.          | 1.2 NAME  |   |
| STREET ADDRESS             | 2276 HAMMOCK OAKS DR N    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL           | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VSD                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMACHO, RITA C           | 2.2 NAME  |   |
| STREET ADDRESS             | 2276 HAMMOCK OAKS DRIVE N | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL           | 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 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: Rita C. Camacho Rita C. Camacho 4/9/96 904-262-4505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)