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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:57

DOCUMENT # 618348

(7)

1. Corporation Name

COMPUTER UTILITIES, INC.

Principal Place of Business

1145 WISPER RUN CT.
LUTZ FL 33549

Mailing Address

1145 WISPER RUN CT.
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1170 WISPER RUN CT.

Suite, Apt. #, etc.

2a. Mailing Address

25 1170 WISPER RUN CT.

Suite, Apt. #, etc.

22

City & State

23 LUTZ FL

Zip

Country

24 33549

25 USA

City & State

27 LUTZ FL

Zip

Country

28 33549

30 USA

4. FEI Number

59-1920635

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. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WINGATE, GAYLORD V
1170 WISPER RUN COURT
LUTZ FL 33549

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

TITLE DVP
NAME WINGATE, GAYLORD V
STREET ADDRESS 1145 WISPER RUN CT.
CITY-ST-ZIP LUTZ FL

TITLE PD
NAME GAYLORD, WINGATE V
STREET ADDRESS 1170 WISPER RUN CT.
CITY-ST-ZIP LUTZ FL

TITLE STD
NAME WINGATE, DELURY M.
STREET ADDRESS 1145 WISPER RUN CT.
CITY-ST-ZIP LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 8141 AQUILA ST. #348
1.4 CITY-ST-ZIP PORT RICHEY FL 34668

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8141 AQUILA ST. #348
3.4 CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 appointed 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #