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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # **618348** **(7)**

1. Corporation Name

COMPUTER UTILITIES, INC.

Principal Place of Business	Mailing Address
1170 WISPER RUN CT LUTZ FL 33549 US	1170 WISPER RUN CT LUTZ FL 33549 US

2. Principal Place of Business	2a. Mailing Address
21 4350 W. Cypress St #750	26 4350. W. Cypress ST.
Suite, Apt. #, etc. 22 750	Suite, Apt. #, etc 27 750
City & State 23 Tampa FL.	City & State 28 Tampa FL
Zip 24 33607	Zip 29 33607
Country 25 Hillsb.	Country 30 Hillsb.

3. Date Incorporated or Qualified: 04/23/1979
3a. Date of Last Report: 03/24/1995
4. FEI Number: 59-1920635 ☐ 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

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) 4350 W. Cypress ST.
83 Suite 750
84 City Tampa FL 85 Zip Code 33607

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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] 4/4/96
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WINGATE, GAYLORD V Sr. ~~8141 AQUILA ST #348~~ ~~PORT RICHEY FL~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GAYLORD, WINGATE V ~~1170 WISPER RUN CT.~~ ~~LUTZ FL~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WINGATE, DELURY M. ~~8141 AQUILA ST #348~~ ~~PORT RICHEY FL~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	4350 W. CYPRESS ST Suite 750 Tampa FL. 33607	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	4350 W. CYPRESS ST. Suite 750 Tampa, FL 33607	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	4350 W. CYPRESS ST. Suite 750 Tampa FL. 33607	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] G.V. Wingate Sr. 4-4-96 813-872-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #