FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 13 PM 12:09

DOCUMENT # 639988 (5)

1. Corporation Name
COMPUTER SYSTEMS TECHNOLOGY, INCORPORATED

Principal Place of Business	Mailing Address
POST OFFICE BOX 959 SHALIMAR FL 32579-7959	POST OFFICE BOX 959 SHALIMAR FL 32579-7959

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1979
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 2112 Lewis Turner Blvd.
22 Suite, Apt. #, etc. Suite 1
23 City & State Fort Walton Beach
24 Zip 32547 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-1945781 ☐ 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

KOCANOWSKI, JOSEPH
4 DOGWOOD DR
SHALIMAR FL 32579

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, ELAINE H	1.2 NAME	Delete
STREET ADDRESS	89 MEIGS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, MICHAEL T	2.2 NAME	Delete
STREET ADDRESS	5 STAFFORD CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, WILLIAM P	3.2 NAME	Delete
STREET ADDRESS	89 MEIGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	KOCANOWSKI, JOSEPH	4.2 NAME	
STREET ADDRESS	4 DOGWOOD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	☐ Change ☐ Addition
NAME	WEBSTER, RONDA	5.2 NAME	
STREET ADDRESS	5 STAFFORD CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	☐ Change ☐ Addition
NAME	GENTRY, TIMOTHY	6.2 NAME	
STREET ADDRESS	401 RHONDA KAY CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	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)(i), 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: Joseph Kocanowski 2/28/95 (904) 862-1477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302018 CP