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FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 667731

(4)

1. Corporation Name

ATWOOD COMPUTER CORP.



Principal Place of Business

4604 MUIRFIELD DR. W.  
BRADENTON FL 34210

Mailing Address

4604 MUIRFIELD DR. W.  
BRADENTON FL 34210-2859

3. Date Incorporated or Qualified

04/23/1980

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 4604 MUIRFIELD DR. W.

Suite, Apt. #, etc.

2a. Mailing Address

26 4604 MUIRFIELD DR. W.

Suite, Apt. #, etc.

22 City & State

23 BRADENTON FL

Zip

Country

24 34210

25

USA

27 City & State

28 BRADENTON FL

Zip

Country

29 34210

30

USA

4. FEI Number

59-1988235

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

ATWOOD, JIMMIE L  
436 VILLAGE VIEW LN  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4604 MUIRFIELD DR. W.

83

84 City

BRADENTON

FL

85 Zip Code

34210

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 VSD  
NAME ATWOOD, MARILYN J  
STREET ADDRESS 436 VILLAGE VIEW LN  
CITY-ST-ZIP LONGWOOD, FL 00000

☐ DELETE

TITLE PTD  
NAME ATWOOD, JIMMIE L  
STREET ADDRESS 436 VILLAGE VIEW LN  
CITY-ST-ZIP LONGWOOD, FL 00000

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VSD  
1.2 NAME ATWOOD, MARILYN J  
1.3 STREET ADDRESS 4604 MUIRFIELD DR. W.  
1.4 CITY-ST-ZIP BRADENTON, FL 34210

☒ Change

☐ Addition

2.1 TITLE PTD  
2.2 NAME ATWOOD, JIMMIE L  
2.3 STREET ADDRESS 4604 MUIRFIELD DR. W.  
2.4 CITY-ST-ZIP BRADENTON, FL 34210

☒ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ 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

14. I do hereby certify that the information supplied with this filing 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:

J. L. Atwood  
JIMMIE L. ATWOOD

02/21/97 (941)798-3257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)