## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # F322

(6)

COMPUTER SERVICES OF NORTHWEST FLORIDA, INC.

FILED Mar 13 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address	Mailing Address				IAIT BIBIT BIBI	E BERTI JARI
4065 KING ARTHUR DR.		4065 KING ARTHUR DR.	4065 KING ARTHUR DR.			· ·		
PENSACOLA FL 32514		PENSACOLA FL 32514				20.4107.1107.75.11.75.110.00		
us us						DO NOT WRITE IN THIS SI	PACE	
						3. Date Incorporated or Qualified 04/24/1981		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	AF	plied For
21		26				59-2175171	No	t Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
		[27]					Fee Re	···
City & State		City & State				6. Election Campaign Financing	\$5.00	
Zip	Country	<b>28</b>	Cour	atry		Trust Fund Contribution	Added t	
24	25	29	30			8. This corporation owes or has paid the curre Personal Property Tax due June 30.		angible   ] No
	9. Name and Address of Current		1001	·		10. Name and Address of New Registered A		
МО	ORE, WILLIAM L.,JR.			81	Name		<del></del>	
4065 KING ARTHUR DRIVE					Carant Adden	on (D.O. Day Mymbay in Mat Apparetable)		
PENSACOLA FL 32514				82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
			Ì	83				
			}	84	City		loc   7:- /	2000
					•	FL		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, typ-ed or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	DELETE	1.1 717			ι	Change	Addition
RAME	MOORE, WILLIAM L.,JR. 4085 KING ARTHUR DRIVE		1.2 NAME					ŀ
STREET ADDRESS	DEMOACOLA EL				ODRESS			
CITY-ST-ZIP TITLE	DTS	DELETE		Y-ST-	ZIP		Change	Addition
NAME	MOORE, STEVEN P.	€ occur	21 TIT			•	Ti cikinîs	☐ Madition
STREET ADDRESS	8580 BELLE MEADOW BLVD.		22 NAME 23 STREET ADDRESS		NODECC .			
CITY-ST-ZIP	PENSACOLA FL		2 4 CITY+ST-ZIP		l l			
TITLE	VD	DELETE	31 TITLE		211		Change	Addition
NAME	MOODE WILLIAM I III		3 2 NA			•		
STREET ADDRESS	7541 WADSWORTH COURT			HEET AD	ODRESS			Ì
CITY-ST-ZIP	MOBILE AL			Y-\$T-				
TITLE		☐ DELETE	4.1 TIT				Change	☐ Addition
NAME			4. 2 NA	ME				]
STREET ADDRESS			4.3 STF	REET AD	DRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-2	ZIP			
TITLE		DELETE	5.1 T(T	L€			Change	Addition
NAME			5.2 NA	ME				ŀ
STREET ADDRESS			5.3 STF	REET AD	DORESS			
CITY-ST-ZIP			5.4 CIT	Y - \$1 - 2	ZIP			
TITLE		☐ DELETE	6.1 T(T				_ Change	Addition
NAME			6.2 NA					ļ
STREET ADDRESS				REET AD	1			
CITY-ST-ZIP	antifu that the information	AND A DOCUMENT OF A STATE OF A ST	6.4 CIT			440 07/0V// Flands 000 400 11	2 . AL U	
	ertify that the information supplied with	this filing does not qualify f				ection 119.07(3)(i), Florida Statutes. I further cert	ify that the	information

4. I bereby 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 informatio 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 early; that I am an officer or director of the corporation or the ruceiver 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

William Literard

William L. Moore Jr

3-7-98

CR2E034 (10/97)