

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F39947 (9)

1. Corporation Name
MTD COMPUTER SERVICES, INC.

Principal Place of Business

2561 NURSERY ROAD
SUITE B
CLEARWATER FL 34624
US

Mailing Address

2561 NURSERY ROAD
SUITE B
CLEARWATER FL 34624-3083
US

2. Principal Place of Business

21 6368 92nd Place N.
Suite, Apt. #, etc.

22 #1801

23 Pinellas Park, FL
City & State

24 33782 Zip 25 USA Country

2a. Mailing Address

26 P.O. Box 2397
Suite, Apt. #, etc.

27

28 Pinellas Park, FL
City & State

29 33780-2397 Zip 30 USA Country

3. Date Incorporated or Qualified

06/08/1981

3a. Date of Last Report

01/03/1997

4. FEI Number

59-2936575

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

BAYNARD, JR., WILLIAM T
1700 9TH STREET N.
ST. PETERSBURG FL 33704-4206

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 ☐ DELETE

NAME GROULX, JR., JOHN
STREET ADDRESS 2561 NURSERY ROAD, SUITE B
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME GROULX, DANA
STREET ADDRESS 2561 NURSERY ROAD, SUITE B
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME GROULX, JR., JOHN

1.3 STREET ADDRESS P.O. Box 2397 6368 92nd Place N. #1801

1.4 CITY-ST-ZIP Pinellas Park, FL 33782

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME GROULX, DANA

2.3 STREET ADDRESS P.O. Box 2397 6368 92nd Place N. #1801

2.4 CITY-ST-ZIP Pinellas Park, FL 33782

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

4/30/97

813-546-3218

CR2E034 (9/96)