

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 APR -7 AM 11:20	
DOCUMENT # F86220 (3)					
1. Corporation Name CQ COMPUTER COMMUNICATIONS, INC.					
Principal Place of Business 4695 NORTH MONROE ST TALLAHASSEE FL 32303-7009		Mailing Address 4695 NORTH MONROE ST TALLAHASSEE FL 32303-7009		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1982	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1994	
22. City & State		27. City & State		4. FEI Number 59-2211187	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		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			10. Name and Address of New Registered Agent		
THOMAS, JOHN B. 4695 NORTH MONROE ST TALLAHASSEE FL 32303			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME		1.1 TITLE ☐ Change ☐ Addition			
STREET ADDRESS		1.2 NAME			
CITY - ST - ZIP		1.3 STREET ADDRESS			
		1.4 CITY - ST - ZIP			
TITLE		2.1 TITLE ☐ Change ☐ Addition			
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY - ST - ZIP			
TITLE		3.1 TITLE ☐ Change ☐ Addition			
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE ☐ Change ☐ Addition			
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE ☐ Change ☐ Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE ☐ Change ☐ Addition			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		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 110.07(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 as changed, or on an attachment with an address.					
SIGNATURE: <i>John B. Thomas</i> John B. Thomas 4/3/95 904-562-4255					