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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F86220** **(3)**

1. Corporation Name

CQ COMPUTER COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
4695 NORTH MONROE ST TALLAHASSEE FL 32303-7009	4695 NORTH MONROE ST TALLAHASSEE FL 32303-7009

3. Date Incorporated or Qualified: **06/22/1982**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business	2a. Mailing Address
21 570 Peachtree Parkway	26 570 Peachtree Parkway
Suite, Apt. #, etc. 22 -------	Suite, Apt. #, etc. 27 -------
City & State 23 Cumming, Georgia	City & State 28 Cumming, GA
Zip / Country 24 30131-6820 / 25 Forsyth	Zip / Country 29 30131-6820 / 30 Forsyth

4. FEI Number: **59-2211187** ☐ 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

THOMAS, JOHN B.
4695 NORTH MONROE ST
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: CT Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation, FL **FL** 85 Zip Code: 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT THOMAS, JOHN B. 1428 MANOR HOUSE DRIVE TALLAHASSEE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPT Thomas, John B. 570 Peachtree Parkway Cumming, GA 30131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC WATSON, MARY H. 2088 IDLEWOOD RD STE 5 TUCKER GA	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DC Watson, Mary H. 572 Peachtree Parkway Cumming, GA 30131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LINDSEY,ALAN W. 2088 IDLEWOOD RD STE 5 TUCKER GA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DS Lindsey, Alan W. 572 Peachtree Parkway Cumming, GA 30131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director, Asst. Secretary Sterling E Hanna 4133 Heniard Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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4/25/96 JP

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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)(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 if changed, or on an attachment with an address.

SIGNATURE: Helen D. Thomas President 4/25/96 770-644-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #