FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000000426 (6)**

1. Corporation Name
COMPUMART CORPORATION OF TENNESSEE

Principal Place of Business
1030 BAYSHORE AVENUE
FORT MYERS FL 33919

Mailing Address
1030 BAYSHORE AVENUE
FORT MYERS FL 33919

3. Date Incorporated or Qualified: **01/27/1994**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business
21 3436 MARINATOWN LN
Suite, Apt. #, etc.
22 SUITE 4L
City & State
23 N. FT. MYERS, FL
Zip 24 33903 Country 25 LEE

2a. Mailing Address
26 3436 MARINATOWN LN
Suite, Apt. #, etc.
27 SUITE 4L
City & State
28 N. FT. MYERS, FL
Zip 29 33903 Country 30 LEE

4. FEI Number: **65-1145820** ☐ 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

EARLY, JOHN R
15400 IONA LAKES DRIVE
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name JOYCE A. CUSTER
82 Street Address (P.O. Box Number is Not Acceptable) 339 PIONEER PLACE
83
84 City N. FT. MYERS FL 85 Zip Code 33917

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 JOYCE A. CUSTER, RESIDENT AGENT
Typed or printed name and title of person signing

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC EARLY, BOB R ~~1030 BAYSHORE AVENUE~~ ~~FORT MYERS FL 33919~~	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EARLY, MARY K 7268 NEWLING LANE MEMPHIS TN 38125	☐ 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 / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT EARLY, BOB R 3436 MARINATOWN LN, #4L N. FT. MYERS, FL 33903	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ 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

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is veridically furnished and does not qualify for the exemptions 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: Bob R. Early 4/16/96 941-997-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
BOB R. EARLY