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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
3436 MARINATOWN LN SUITE 4L N FT MYERS FL 33903 US	3436 MARINATOWN LN SUITE 4L N FT MYERS FL 33903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CUSTER, JOYCE A.
339 PIONEER PLACE
FORT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: EARLY, JOYCE A.
82 Street Address (P.O. Box Number is Not Acceptable): 9906 TAMMARON CT.
83
84 City: N. FT. MYERS **FL** 85 Zip Code: 33903

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EARLY, BOB R		1.2 NAME	
STREET ADDRESS	3436 MARINATOWN LN SUITE 4L		1.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL		1.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EARLY, MARY K		2.2 NAME	
STREET ADDRESS	7268 NEWLING LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38125		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: Bob R Early President 3/9/98 941997-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #