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May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000006527 (3)

1. Corporation Name

COMPUTER FORMATS, INC.

Principal Place of Business

Mailing Address

64 INDUSTRIAL BLVD  
WINTER HAVEN FL 33880

64 INDUSTRIAL BLVD  
WINTER HAVEN FL 33880-1030

3. Date Incorporated or Qualified

12/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

42-1183667

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

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPURLING, KENNETH P  
64 INDUSTRIAL BLVD  
WINTER HAVEN FL 33880

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 CP ☐ DELETE

NAME WILLIAMS, HERBERT E  
STREET ADDRESS 880 PROSPECT BLVD  
CITY-ST-ZIP WATERLOO IA 50701

TITLE VCV ☐ DELETE

NAME THOMAS, J. ROBERT  
STREET ADDRESS 2522 MINNETONKA DR  
CITY-ST-ZIP CEDAR RAPIDS IA 50613

TITLE STD ☐ DELETE

NAME HAVLIK, CLEMENT J  
STREET ADDRESS 4015 S. LAWN RD  
CITY-ST-ZIP CEDAR FALLS IA 50613

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

Clement J. Havlik

4/30/97 (319) 235-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010448

CR2E034 (9/96)