

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 # **G18373** (2)

1. Corporation Name

**COMPUTER MANAGEMENT SCIENCES, INC.**



Principal Place of Business

**8133 BAYMEADOWS WAY  
JACKSONVILLE FL 32256**

Mailing Address

**8133 BAYMEADOWS WAY  
JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified

**01/12/1983**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, JERRY W.  
8133 BAY MEADOWS WAY  
JACKSONVILLE FL 32256**

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAVIS, JERRY W	
STREET ADDRESS	8133 BAYMEADOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WEIGHT, ANTHONY V	
STREET ADDRESS	8133 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LONGHI, LARRY A	
STREET ADDRESS	8133 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	WHITMAN, PAUL S	
STREET ADDRESS	8133 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MINARDI, DAVID C	
STREET ADDRESS	8133 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONECIPHER, Harry C.
STREET ADDRESS	8133 Baymeadow Way
CITY-ST-ZIP	JACKSONVILLE FL 32256
2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPIG, Perry E.
STREET ADDRESS	8133 Baymeadow Way
CITY-ST-ZIP	JACKSONVILLE, FL 32256
3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, Timothy W.
STREET ADDRESS	2740 Bart Adams Road
CITY-ST-ZIP	ATLANTA, GA 30339
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMBAL, ANTONIO V.
STREET ADDRESS	8133 Baymeadow Way
CITY-ST-ZIP	JACKSONVILLE, FL 32256
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, DONALD C.
STREET ADDRESS	8133 Baymeadow Way
CITY-ST-ZIP	JACKSONVILLE, FL 32256
6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHBELL, Edward W. JR.
STREET ADDRESS	1349 Cross Creek Way
CITY-ST-ZIP	TALLAHASSEE, FL 32301

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: *Paul S. Longhi* Paul S. Longhi, Secretary 4/26/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904-727-5255

CR2E034 (12/95)