

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Lynne H. Blackburn
Secretary of State
CORPORATION REGISTRATION DIVISION

DOCUMENT # **H37645** (9)
1. Corporation Name
CBM COMPUTERS, INC.

RECEIVED
CORPORATION REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

2. Principal Office Location: **2625 GARDEN ST. P O BOX 6070 TITUSVILLE FL 32796 US**
3. Mailing Address: **P.O. BOX 6070 P O BOX 6070 TITUSVILLE FL 32782-6070 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/11/1985**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-2488501**
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 § 190.002, Florida Statutes: Yes No

21. Principal Office Location: **2625 GARDEN ST. P O BOX 6070 TITUSVILLE FL 32796 US**
22. State: **FL**
23. City & State: **TITUSVILLE FL**
24. Zip: **32796**
25. Country: **US**
26. Mailing Address: **P.O. BOX 6070 P O BOX 6070 TITUSVILLE FL 32782-6070 US**
27. State: **FL**
28. City & State: **TITUSVILLE FL**
29. Zip: **32796**
30. Country: **US**

9. Name and Address of Current Registered Agent
**KELLY, JENCY
1025 S. CARPENTER RD.
TITUSVILLE FL 32796**
81. Name: **KELLY, JENCY**
82. Street Address (P.O. Box Number is Not Acceptable): **1025 S. CARPENTER RD.**
83. City: **TITUSVILLE**
84. State: **FL**
85. Zip Code: **32796**

11. Pursuant to the provisions of Sections 607.0107 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth 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 607.0108, Florida Statutes.

SIGNATURE: *Jency Kelly* (typed name) DATE: **4/21/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD KELLY, JENCY BUTLER, III	12.2 STREET ADDRESS: 1025 S. CARPENTER ROAD TITUSVILLE FL	13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: STD KELLY, JEAN C.	12.4 STREET ADDRESS: 1025 S. CARPENTER ROAD TITUSVILLE FL	13.3 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: 	12.6 STREET ADDRESS: 	13.5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: 	12.8 STREET ADDRESS: 	13.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: 	12.10 STREET ADDRESS: 	13.9 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME: 	12.12 STREET ADDRESS: 	13.11 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.12 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Sections 190.001 and 190.002, 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 in person. This information is for the use of the corporation or the receiver or trustee responsible for executing this report as required by Chapter 607, Florida Statutes, and that the name appears in Block 9, or Block 10, of this report, or on an attachment with an address.

SIGNATURE: *Jency Kelly* (typed name) DATE: **4/21/95**
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER: **Jency Kelly** DATE: **4/21/95**