

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H83737 (7)

1. Corporation Name

COMPUTER & SOFTWARE CONNECTION, INC.



Principal Place of Business

Mailing Address

399 WAKULLA-ARRAN RD.
CRAWFORDVILLE FL 32326
US

PO BOX 314
CRAWFORDVILLE FL 32326

3. Date Incorporated or Qualified

11/04/1985

3a. Date of Last Report

04/20/1995

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

24

25

29

30

g. Name and Address of Current Registered Agent

4. FEI Number

59-2611588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

PEYTON L. YON

82

Street Address (P.O. Box Number is Not Acceptable)

399 WAKULLA-ARRAN ROAD

83

City

CRAWFORDVILLE

FL

85

Zip Code

32327

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

PEYTON L. YON PRESIDENT

4/30/96

Signature typed or printed (Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME YON, PEYTON L.
STREET ADDRESS 253 MAR ST
CITY-ST-ZIP ST. PETERSBURG BEACH FL

☐ DELETE

TITLE VT
NAME YON, ELAIN T
STREET ADDRESS 253 MAR ST.
CITY-ST-ZIP ST. PETERSBURG BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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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 DP
1.2 NAME YON, PEYTON L.
1.3 STREET ADDRESS 399 WAKULLA-ARRAN ROAD
1.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

☒ Change ☐ Addition

2.1 TITLE VT
2.2 NAME YON, ELAIN T
2.3 STREET ADDRESS 399 WAKULLA-ARRAN ROAD
2.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327

☒ 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

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

PEYTON L. YON PRESIDENT

4/30/96

904-926-2327

Signature typed or printed (Name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)