

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.**  
**AMOUNT DUE ON OR BEFORE 6/30/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL -7 AM 9:37

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # J06586 (8)**  
 1. Corporation Name  
**CUSTOM SOFTWARE APPLICATIONS, INC.**

DO NOT WRITE IN THIS SPACE:

Principal Place of Business Mailing Address  
 125 21ST AVENUE, N.E. 125 21ST AVENUE, N.E.  
 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704

3. Date Incorporated or Qualified **03/28/1986** 3a. Date of Last Report **07/06/1994**

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

4. FEI Number **59-2703979** 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**

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

9. Name and Address of Current Registered Agent  
**MCNAUGHTON, JOHN A JR**  
**125 21ST AVE. N.E.**  
**ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent  
 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, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MCNAUGHTON, JOHN A JR</b> STREET ADDRESS <b>125 21ST AVENUE N.E.</b> CITY - ST - ZIP <b>ST. PETERSBURG FL 33704</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b>	NAME <b>MCNAUGHTON, SHAWN A</b> STREET ADDRESS <b>125 21ST AVE N.E.</b> CITY - ST - ZIP <b>ST. PETERSBURG FL 33704</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>MCNAUGHTON, Sheila B</b>
TITLE <b>ST</b>	NAME <b>MCNAUGHTON, SHAWN A</b> STREET ADDRESS <b>125 21ST AVE N.E.</b> CITY - ST - ZIP <b>ST. PETERSBURG FL 33704</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY - ST - ZIP	7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(h), 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 recorder 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: *[Signature]* **John McNaughton Jr** 6/30/95 - 813 823 8237  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)