

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:49

DOCUMENT # **J11517** (6)

1. Corporation Name
COMPUTER RESOURCE SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

458 CITRUS LN
P.O. BOX 5016
MAITLAND FL 32751
US

Mailing Address

PO BOX 5016
WINTER PARK FL 32793
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 04/28/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2701556	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 is a subsidiary, partnership, corporation, or other entity subject to the provisions of the Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State of Florida	26. State of Florida
22. City, County	27. City, County
23. Zip	28. Zip
24. Latitude	25. Longitude
29. Latitude	30. Longitude

9. Name and Address of Current Registered Agent

FOX, JOYCE
458 CITRUS LN
MAITLAND FL 32751

10. Name and Address of New Registered Agent

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the information required by the Florida Statutes, Chapter 607, Part I, Section 607.01, Florida Statutes, for the filing of this report. I hereby accept the appointment as registered agent of this corporation and accept the responsibility for the accuracy of the information furnished herein.

(Signature)

12. OFFICERS AND DIRECTORS (List Name, Address, and Title)	13. ADDITIONAL OFFICERS AND DIRECTORS (List Name, Address, and Title)
NAME: TDS FOX, JOYCE ADDRESS: 458 CITRUS LN CITY: MAITLAND FL TITLE: PD	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: GRAVETTE, REBECCA ADDRESS: 458 CITRUS LN CITY: MAITLAND FL TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____
NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____	NAME: _____ ADDRESS: _____ CITY: _____ TITLE: _____

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as the registered agent of this corporation. I further certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as the registered agent of this corporation. I hereby accept the appointment as registered agent of this corporation and accept the responsibility for the accuracy of the information furnished herein.

SIGNATURE: *Joyce Fox* *Joyce Fox* APRIL 24, 1995 407-657-6991
ORGANIC AND TYPE OF PRINTED NAME OF WORKING OFFICER OR DIRECTOR