FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 03 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

J89157

(8)

TRANSAMERICAN COMPUTER WHOLESALERS, INC.

| Principal Plac | ce of Business | Mailing Address | | | HATT BINNY BEAND BUQUE BEBEU HADE |
|---|--|-----------------------|----------------------------------|---|--|
| 4503 IRVING | TON AVE UNIT 2 | 4503 IRVINGTON AVE UN | NT 2 | | |
| JACKSONVILI | LE FL 32210 | JACKSONVILLE FL 32210 | | | |
| • | | | | DO NOT WRITE IN TH | IS SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| Delegate of 5 | No ac of Discipation | | | 08/25/1987 | |
| | Place of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| Sulte, Apt | # etc | Suite, Apt. #, etc. | | 59-2851188 | Not Applicable |
| 22 | n, 016. | ⊢ | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | Α | City & State | | | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the | ···· |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | g. Name and Address of Curr | | 1001 | 10. Name and Address of New Registere | |
| CL | AFLIN, SHARON, EVE | | 81 Name | 1 Q | <u> </u> |
| | 29 POND GANNETT LANE | | B2 Street Add | A. BUNKER | |
| JACKSONVILLE FL 32259 | | | 62 STEEL 200 | ress (P.O. Box Number is Not Acceptable) 3 | |
| | | | 83 # O | 4.511.691011 1110 | ************************************** |
| | | | | | |
| | | | 84 City TA | cksonville F | L 85 Zip Code 70 |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above parent corporation cultural this contempor for the purpose of above its like with | | | | | |
| 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. | | | | | |
| 1 - | all a B | unker | and Statutos. | | 1-28-98 |
| SIGNATURE | Signature, typed or printed name of registered a | | Bog-stored Agent signature requi | | 1-20-10 |
| 12. | | ND DIRECTORS | 13 | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | DPS | ☐ DELETE | 1.1 TITLE | | Change Addition |
| NAME | BUNKER, JILL ANNE | | 1.2 NAME | | |
| STREET ADDRESS | 10557 OLD PLANK RD | | 1.3 STREET ADDRESS | | - |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | 61411/25 14421 5 | ☐ DELETÉ | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUNKER, LOWELL E | | 2.2 NAME | | |
| STREET ADDRESS | 10557 OLD PLANK RD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | DV | DILETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | D'AUGUSTINIS, ROBERT | 100 | 3.2 NAME | | |
| STREET ADDRESS | 5615 SAN JUAN AVE APT 2 | 702 | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4. CITY - ST - ZIP | | |
| TITLE | | DELET E | 4.1 T/ΠLΕ | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 City-St-ZiP | | |
| TITLE | | □ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

54 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE