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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K01816** (3)

1. Corporation Name

**COMPUTER POWER, INC.**



Principal Place of Business

**601 I RIVERSIDE AVENUE  
JACKSONVILLE FL 32204  
US**

Mailing Address

**601 I RIVERSIDE AVENUE  
P.O. BOX 2388  
JACKSONVILLE FL 32204  
US**

3. Date Incorporated or Qualified

**11/12/1987**

3a. Date of Last Report

**04/06/1995**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEASURE, KEVIN P.  
200 LAURA ST  
JACKSONVILLE FL 32202**

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, 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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when new state)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **CD  
HICKS, DAVID M**  
STREET ADDRESS **661 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **PD  
MILLIGAN, JAMES W**  
STREET ADDRESS **661 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VST  
ANDREWS, BRUCE P**  
STREET ADDRESS **661 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

Add as Chairman

☒ Change ☐ Addition

**601 Riverside Avenue  
Jacksonville, FL 32204**

Add as Director

☒ Change ☐ Addition

**601 Riverside Avenue  
Jacksonville, FL 32204**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

*Bruce P. Andrews*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce P. Andrews

4/11/96  
Date

(904) 359-5248  
Telephone #

CR2E034 (12/95)