

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES B. ALLEN, JR.  
Governor of Florida  
TALLAHASSEE, FLORIDA 32399-0001

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

DOCUMENT # **K67265**

(4)

To: Corporation Name:

**WILLIAM R. BRENNAN CLAIMS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Previous Office of Registrant:

% WILLIAM R. BRENNAN  
8633 SAN TOCCOA DR.  
ORLANDO FL 32825

Current Address:

% WILLIAM R. BRENNAN  
8633 SAN TOCCOA DR.  
ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized

02/21/1989

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2946507

Applied For

Not Applicable

5. Certificate of Status: Dissolved ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for information under 5, 1993 12,  
Florida Statutes ☐ Yes ☒ No

2. Previous Office of Registrant

2a. Current Address

21. State Apt. # or

26. State Apt. # or

22. City, State

27. City, State

23. City, State

28. City, State

24. City, State

29. City, State

25. City, State

30. City, State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRENNAN, WILLIAM R.  
8633 SAN TOCCOA DR.  
ORLANDO FL 32825

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. I, the undersigned, for the purposes of Sections 607.01(3)(b) and 607.01(3)(b), Florida Statutes, this document (corporation) submit this statement for the purposes of changing its registered office and registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, and kept the appropriate an registered agent. I am familiar with and accept the obligations of Sections 607.01(3)(b), Florida Statutes.

SIGNATURE

By the Agent, if the corporation is a corporation, or by the corporation, if the corporation is a corporation.

By the Secretary of State, if the corporation is a corporation, or by the corporation, if the corporation is a corporation.

By the

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

BRENNAN, WILLIAM R.  
8633 SAN TOCCOA DR.  
ORLANDO FL

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

26. NAME

27. NAME

28. NAME

29. NAME

30. NAME

14. I, the undersigned, certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 liquidator thereof to receive the 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:

*William R. Brennan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM R. BRENNAN

5/3/95

407-277-2595

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

CORPORATION,  
ARTICLE, CHAPTER

1995



OFFICE OF THE SECRETARY OF STATE

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APPROVED  
FILED

DOCUMENT # K67967

(5)

CSI SOFTWARE, INC.

2477 STICKNEY POINT ROAD  
#107B  
SARASOTA FL 34231  
US

2477 STICKNEY POINT ROAD  
#107B  
SARASOTA FL 34231  
US

DATE OF FILING OF THIS STATE

|                                                                                       |                                                                     |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date of Incorporation or Organization                                              | 3a. Date of Last Report                                             |
| 02/23/1989                                                                            | 04/15/1994                                                          |
| 4. FEE Number                                                                         | Applied For                                                         |
| NOT APPLICABLE                                                                        | Not Applicable                                                      |
| 5. Certificate of Status Desired                                                      | \$8.75 Additional Fee Required                                      |
| 6. Election Campaign Financing Fund Contribution                                      | \$5.00 May Be Added to Fees                                         |
| 8. This corporation has liability for intangible tax under § 190.04, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                        |                               |
|----------------------------------------|-------------------------------|
| 2. Principal Office of the Corporation | 2a. Mailing Address           |
| 21. State, Apt. # or P.O. Box          | 26. State, Apt. # or P.O. Box |
| 22. City & State                       | 27. City & State              |
| 23. City                               | 28. City                      |
| 24. County                             | 29. County                    |
| 25. Zip Code                           | 30. Zip Code                  |

9. Name and Address of Current Registered Agent

DAVIS, GARY R.  
2477 STICKNEY POINT ROAD  
#107B  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City                                               |              |
| 84. State                                              | FL           |

11. Pursuant to the provisions of Sections 190.04 and 190.05, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both 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 authorized to bind the corporation to the provisions of Sections 190.04 and 190.05, Florida Statutes.

SIGNATURE

DATE OF SIGNATURE

DATE OF SIGNATURE

DATE

| 12. OFFICERS AND DIRECTORS                                      | 13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND AGENTS |
|-----------------------------------------------------------------|-----------------------------------------------------------|
| NAME<br>DP<br>DAVIS, GARY R.<br>4112 VALLARTA CT<br>SARASOTA FL | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>DV<br>DAVIS, WENDY<br>4112 VALLARTA CT<br>SARASOTA FL   | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |
| NAME<br>[ ] Change [ ] Addition                                 | NAME<br>[ ] Change [ ] Addition                           |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 190.04, Florida Statutes. I further certify that the information included 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. This statement is filed for the corporation of the person or persons designated to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1 of Block 1 of the filing or on an affidavit with its address.

SIGNATURE:

*Gary Davis*  
(GARY DAVIS)

5/6/95

813 924 6521