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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K83630** (9)

1. Corporation Name

**RTM COMPUTER SOLUTIONS, INC.**



Principal Place of Business

Mailing Address

**C/O ROBERT WAYNE SHOUSE, JR.  
6942-121ST AVENUE NORTH  
LARGO FL 34643**

**C/O ROBERT WAYNE SHOUSE, JR.  
6942-121ST AVENUE NORTH  
LARGO FL 34643**

2. Principal Place of Business

2a. Mailing Address

21) **Same**

26) **Same**

Suite, Apt. #, etc.

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

**SHOUSE, ROBERT WAYNE JR.  
6942 121ST AVENUE NORTH  
LARGO FL 34643**

81 Name

**N/A**

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 on the bottom of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/9/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **SHOUSE, ROBERT WAYNE JR.**  
STREET ADDRESS **6942 121 ST AVENUE NORTH**  
CITY-ST-ZIP **LARGO FL**

TITLE **STD** ☐ DELETE

NAME **CARTER, PATRICIA J**  
STREET ADDRESS **6942 - 121ST AVENUE NORTH**  
CITY-ST-ZIP **LARGO 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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/96**  
Date

**813/535-6433**  
Daytime Phone #

CR2E034 (12/95)