

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90004 003 ***558.75

DOCUMENT # L03064 ✓

1. Corporation Name

DELOE-SMITH COMPUTER SERVICES, INC.

Principal Place of Business

C/O DONNA D. SMITH
001 SWEETBRIAR RD.
ORLANDO FL 32806

Mailing Address

C/O DONNA D. SMITH
1001 SWEETBRIAR ROAD
ORLANDO FL 32806
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1989

4. FEI Number

59-2958799

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, DONNA D.
1001 SWEETBRIAR ROAD
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

1. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE
SMITH, DONNA D.
2. STREET ADDRESS
1001 SWEETBRIAR RD.
3. CITY-STATE-ZIP
ORLANDO FL

1. NAME ☐ DELETE
SMITH, HOWARD E.
2. STREET ADDRESS
1001 SWEETBRIAR RD.
3. CITY-STATE-ZIP
ORLANDO FL

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

1. NAME ☐ DELETE
2. STREET ADDRESS
3. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99
Date

407(854) 4540
Daytime Phone #

CR2E034 (11/98)

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