

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L32399 (2)

1. Corporation Name

COMPUTER UTILITY TECHNOLOGIES, INC.



Principal Place of Business

5251 SOUTH DALE MABRY
SUITE C
TAMPA FL 33611

Mailing Address

5251 SOUTH DALE MABRY
SUITE C
TAMPA FL 33611

3. Date Incorporated or Qualified
11/29/1989

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 333 N. FALKENBURG RD

Suite, Apt. #, etc.

22 A117

City & State

23 Tampa FL

Zip

24 33619

Country

25

2a. Mailing Address

26 333 N. FALKENBURG RD

Suite, Apt. #, etc.

27 A117

City & State

28 Tampa, FL

Zip

29 33619

Country

30

4. FEI Number
59-2977136

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMANN, PHILLIP
100 NORTH TAMPA ST
STE 1900
TAMPA FL 33602

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 title, if applicable

Typed, Registered Agent's signature, registered agent's name and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME COLE, TIMOTHY A.
STREET ADDRESS 4137 SPRING WAY CIRCLE
CITY-ST-ZIP VALRICO FL

TITLE ☐ DELETE

VP
NAME COLE, LINDA
STREET ADDRESS 4137 SPRING WAY CIRCLE
CITY-ST-ZIP VALRICO, FL 33594

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33594

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

PREES

4/19/96

813-661-8620

CR2E034 (12/95)