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Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90043 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # L37972

1. Corporation Name

URQUHART COMPUTER SYSTEMS, INC.



Principal Place of Business

Mailing Address

5599 N. W. ST.  
1800 W GARDEN ST.  
PENSACOLA FL 32505-2447  
US

5599 NORTH W. STREET  
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1990

2. Principal Place of Business

2a. Mailing Address

21 11236 Seaglade DR  
Suite, Apt. #, etc.

26 11236 Seaglade DR  
Suite, Apt. #, etc.

4. FEI Number

59-2931795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

27 City & State

23 Pensacola FL

27 Pensacola FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 32507

25 Escambia

29 32507

30 Escambia

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

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URQUHART, RICHARD A.

5599 NORTH W. STREET

PENSACOLA FL 32505

11236 Seaglade DR.  
PENSACOLA, FL 32507

81 Name

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

82 11236 Seaglade DR

83

84 City

PENSACOLA, FL

FL

85 Zip Code

32507

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME URQUHART, RICHARD A.

STREET ADDRESS 5599 NORTH W. STREET

CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME URQUHART, NORMA J.

STREET ADDRESS 5599 NORTH W. STREET

CITY-ST-ZIP PENSACOLA 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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)