

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L86883** (0)

1. Corporation Name

NORTHSHORE COMPUTER PRODUCTS, INC.

Principal Place of Business

Mailing Address

**C/O JAMES L. RUTH
740 BEACHCOMBER DR.
LYNN HAVEN FL 32444**

**C/O JAMES L. RUTH
740 BEACHCOMBER DR.
LYNN HAVEN FL 32444**



3. Date Incorporated or Qualified

05/16/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2570244

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

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

**RUTH, JAMES L.
740 BEACHCOMBER DRIVE
LYNN HAVEN FL 32444**

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 607.1505, 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 the Corporation

Name of Registered Agent signing report on behalf of corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

RUTH, JAMES L.

STREET ADDRESS

740 BEACHCOMBER DR.

CITY-ST-ZIP

LYNN HAVEN FL

TITLE

JP

☐ DELETE

NAME

Lewis Popelreiter

STREET ADDRESS

238 Scooter

CITY-ST-ZIP

Panama City Beach, FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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