FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS M99351 DOCUMENT # Corporation Name COMPUTERGEAR, INC. Principal Place of Business Mailing Address 3571 CARDINAL POINT DR 3571 CARDINAL POINT DR. SUITE 1 **SUITE 106** JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 U\$ e Incorporated or Qualified 09/20/1988 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-2911021 21 26 Not Applicable Suite. Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Suite Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Ζıp Country Country 8. This corporation has fiability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENION, ALAN M. 82 Street Address (P.O. Box Number is Not Acceptable) 2975 HERITAGE TRAIL JACKSONVILLE FL 32257 83 84 City 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 SIGNATURE OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating) 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIL F ☐ DELETE 1. 1 TITLE ☐ Change ☐ Addition HENION, ALAN M. NAME 1.2 NAME 2975 HERITAGE TRAIL STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-7/P 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition HENION, CAROLINE B. NAME 22 NAME 2975 HERITAGE TRAIL STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3. 1 TITL€ Addition ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 34 CITY-ST-ZIP TOUR DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP TITLE DELE16 5. 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 THEF Change Mdd/tion NAME 6.2 NAME

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 attagriment with an address

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

D:TY - ST - 7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20191 904.737.0094

(12/95)

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