

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 # **P37441** (3)

1. Corporation Name

COMPUTER SCIENCE AND APPLICATIONS, INC.



Principal Place of Business

Mailing Address

**2 CLIFFORD DRIVE
SHALIMAR FL 32579**

**2 CLIFFORD DRIVE
SHALIMAR FL 32579**

3. Date Incorporated or Qualified

02/11/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

63-0669466

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKALKA, MARION S.
2 CLIFFORD DRIVE
SHALIMAR FL 32579**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**CP
SKALKA, MARION S.
2 CLIFFORD DRIVE
SHALIMAR FL**

1.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**ST
SKALKA, M. YVONNE
2 CLIFFORD DRIVE
SHALIMAR FL**

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**V
BARNES, RHONDA F.
12044 WEST RIDGE DRIVE
HUNTSVILLE AL**

3.1 TITLE ☒ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**D
HODGDON, CHERYL L
12046 WEST RIDGE DRIVE
HUNTSVILLE AL**

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**D
SKALKA, RONALD D.
4205 CHALET CIRCLE
HUNTSVILLE AL**

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
**D
SKALKA, GREGORY S.
1854 BELLE VUE WAY, A-3B
TALLAHASSEE FL**

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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

Marion S. Skalka
3/28/96

904-651-4991
Daytime Phone #

CR2E034 (12/95)