01-05-95-B-431 -C 200C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39403 (1)

1. Corporation Name
COMPUCRAFT, INC.

Principal Place of Business	Mailing Address
~~SUITE 506, 8601 DUNWOODY PLACE~~ ~~ATLANTA GA 30350~~	~~SUITE 506, 8601 DUNWOODY PLACE~~ ~~ATLANTA GA 30350~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21: 2990 GATEWAY DRIVE
Suite, Apt. #, etc.
22: SUITE 100
City & State
23: NORCROSS, GA
Zip
24: 30071
Country
25: GWINNETT

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 58-1816183 ☐ 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

MCWHORTER, JEFFREY S.
17340 KENNEDY DR.,
NO. REDDINGTON BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box acceptable)
83
84 FL 85 Zip Code

Picked up 2-8 Janice

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent must sign.)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	☐ Change ☐ Addition
NAME	DICKSON, JOHN	1.2 NAME	
STREET ADDRESS	8601 DUNWOODY PL. S-506	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JOHN E.	2.2 NAME	
STREET ADDRESS	8601 DUNWOODY PL. S-506	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	DICKSON, JOHN	3.2 NAME	
STREET ADDRESS	8601 DUNWOODY PL. S-506	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: John R Dickson JOHN R. DICKSON 1-17-95 404 494-2566
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #

0300503 FP