

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:00

DOCUMENT # P92000015411 (1)

1. Corporation Name

LOYD COMPUTER SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

103 CENTURY 21 DR
SUITE 208
JACKSONVILLE FL 32216
US

Mailing Address

103 CENTURY 21 DR
SUITE 208
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip

24 Country

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2a. Mailing Address

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4. FEI Number
59-3155763

Applied For
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for strength for under S. 193.022,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOYD, TIM A
103 CENTURY 21 DR
SUITE 208
JACKSONVILLE FL 32216

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 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required agent to file this statement)

Signature of Registered Agent (Required agent to file this statement)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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LOYD, TIM A
189 MIRALOMA LN
PONTE VEDRA BEACH FL 32082
D
LOYD, LAURA S
189 MIRALOMA LN
PONTE VEDRA BEACH FL 32082

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193.02(1)(b), 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 make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with my address.

SIGNATURE:

Timothy A. Lloyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

904-771-7733