

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

DOCUMENT # P93000012049 (1)

1. Corporation Name

COMPUTER AUTOMATION & IMAGING, INC.

**APPROVED
AND
FILED**

MAY -1 AM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**4611 CONWAY GARDENS RD.
ORLANDO FL 32806**

Mailing Address

**4611 CONWAY GARDENS RD.
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1993

3a. Date of Last Report

12/05/1994

4. FEI Number

59-3169588

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. Foreign Place of Business

21. State Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**MCCUTCHEN, ALLAN F
4611 CONWAY GARDENS RD.
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.09(3) and 607.1509, 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 607.09(3), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Signature)

12. OFFICERS AND DIRECTORS

12a. Name

12b. Title

12c. Street Address

12d. City

12e. State

12f. Zip

12g. Country

12h. Name

12i. Title

12j. Street Address

12k. City

12l. State

12m. Zip

12n. Country

12o. Name

12p. Title

12q. Street Address

12r. City

12s. State

12t. Zip

12u. Country

12v. Name

12w. Title

12x. Street Address

12y. City

12z. State

12aa. Zip

12ab. Country

13. ADDRESSES CHANGED TO OFFICERS AND DIRECTORS

13a. Name

13b. Title

13c. Street Address

13d. City

13e. State

13f. Zip

13g. Country

13h. Name

13i. Title

13j. Street Address

13k. City

13l. State

13m. Zip

13n. Country

13o. Name

13p. Title

13q. Street Address

13r. City

13s. State

13t. Zip

13u. Country

13v. Name

13w. Title

13x. Street Address

13y. City

13z. State

13aa. Zip

13ab. Country

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for non-exemption status as provided in Section 119.07(2)(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 and shall be made validly that I am an officer or director of the corporation or that I am an authorized representative for the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or both as indicated, or on an after named with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423 95 407869 66076