

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 # P93000013994 (7)

1. Corporation Name

COMPUTER EDUCATION & DESIGN, INC.



Principal Place of Business

Mailing Address

1114 MALDONADO DRIVE
PENSACOLA BEACH FL 32561

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PENSACOLA BEACH FL 32561

3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21 35 Glenlake Parkway

26 4501 Brickyard Bayou Rd. 59-3170094

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 470

27

City & State

City & State

23 Atlanta, GA

28 Gulf Breeze, FL

Zip

Country

Zip

Country

24 30328

25

29 32561

30

4. FEI Number

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

10. Name and Address of New Registered Agent

GODWIN, ELEANOR D.
1904 E MAXWELL STREET
PENSACOLA FL 32503

81 Name

Lisa Williams

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

4501 Brickyard Bayou Road

83

84 City

Gulf Breeze

FL

85 Zip Code
32561

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

Lisa L. Williams

LISA L. WILLIAMS

4/15/96

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 D ☒ DELETE
NAME WEISNIGHT, MARIA V
STREET ADDRESS 1114 MALDONADO DRIVE
CITY-ST-ZIP PENSACOLA FL 32561

TITLE DCP ☐ DELETE
NAME BYRD, MARY ELLEN
STREET ADDRESS 35 GLENLAKE PARKWAY, SUITE 470
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

MARY ELLEN BYRD

Date

4-9-96

Daytime Phone #

(770)

698-8890

CR2E034 (12/95)