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

APPROVED AND FILED
95 APR 25 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000032226 (1)

1. Corporation Name
COAST TO COAST COMPUTERS, INC.

Principal Place of Business
5101 ESTATES CIRCLE
SARASOTA FL 34243

Mailing Address
5101 ESTATES CIRCLE
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 04/20/1994
4. FEI Number: ~~59-2694821~~ 65-0485009 ☐ 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
21
Suite, Apt # etc
22
City & State
23
Zip
24
Country
25

TO WHOM IT MAY CONCERN
THE IRS CHANGED THE FEI #.
Oliver J. DeSofi
4/21/95

9. Name and Address

DESOFI, OLIVER J
5101 ESTATES CIR
SARASOTA FL 34243

10. Name and Address of New Registered Agent
...ss (P O Box Number is Not Acceptable)
FL 85 Zip Code

11. Pursuant to the provisions of Sectio... ...tion submits this statement for the purpose of changing its registered office or registered agent, or both, in the S... ...d of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligati...

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	VSD	1 1 TITLE	D ☒ Change ☐ Addition
NAME	DESOFI, STEPHEN R	1 2 NAME	
STREET ADDRESS	5101 ESTATES CIRCLE	1 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	1 4 CITY ST ZIP	
TITLE	PTD	2 1 TITLE	☒ Change ☐ Addition
NAME	DESOFI, OLIVE J	2 2 NAME	DESOFI, OLIVER J.
STREET ADDRESS	5101 ESTATES CIR	2 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	VSD ☐ Change ☒ Addition
NAME		3 2 NAME	MANGIN, KERRI L
STREET ADDRESS		3 3 STREET ADDRESS	5101 ESTATES CIR.
CITY ST ZIP		3 4 CITY ST ZIP	SARASOTA, FL.
TITLE		4 1 TITLE	D ☐ Change ☒ Addition
NAME		4 2 NAME	H. WILMART MOTT (I)
STREET ADDRESS		4 3 STREET ADDRESS	425 POINCIANA DR.
CITY ST ZIP		4 4 CITY ST ZIP	SARASOTA, FL
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)(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: Oliver J. DeSofi · OLIVER J. DESOFI · PRESIDENT 4/21/95 813-355-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0345785 CP