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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:16

DOCUMENT # **P93000069072 (5)**

1. Corporation Name
FLORIDA COMPUTER SOURCE, INC.

Principal Place of Business	Mailing Address
4060 13TH ST ST. CLOUD FL 34769	4060 13TH ST ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/27/1993**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

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

4. FEI Number: **59-3202007** ☐ 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

LEOPOLD, ROBERT D
1173 SUNLIGHT ~~DR~~ CT.
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LEOPOLD, ROBERT D	12 NAME		
STREET ADDRESS	1173 SUNLIGHT CT	13 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	SD	☑ Change ☐ Addition
NAME	LEOPOLD, PEGGY J	22 NAME		
STREET ADDRESS	1173 SUNLIGHT C	23 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	VD	☒ Change ☒ Addition
NAME	MURCH, GREGORY A	32 NAME	MICHAEL D. BURKE	
STREET ADDRESS	513 S. COUNTRYSIDE CT	33 STREET ADDRESS	34 AUGUSTA CIR.	
CITY-ST-ZIP	ST. CLOUD FL	34 CITY-ST-ZIP	ST. CLOUD FL	
TITLE		41 TITLE	TO	☐ Change ☒ Addition
NAME		42 NAME	ANNETTE R. BURKE	
STREET ADDRESS		43 STREET ADDRESS	34 AUGUSTA CIR.	
CITY-ST-ZIP		44 CITY-ST-ZIP	ST. CLOUD FL	
TITLE		51 TITLE		☐ Change ☑ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Robert D Leopold Pres. Roger D. Leopold 29 Mar 95 407-857-5553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

037884 CP