

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 # P93000069072 (5)

1. Corporation Name

FLORIDA COMPUTER SOURCE, INC.



Principal Place of Business

4060 13TH ST
ST. CLOUD FL 34769

Mailing Address

4060 13TH ST
ST. CLOUD FL 34769

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

04/03/1995

4. FEI Number

59-3202007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when record changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PD
LEOPOLD, ROBERT D
STREET ADDRESS
1173 SUNLIGHT CT
CITY-ST-ZIP
ST. CLOUD FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME
SD
LEOPOLD, PEGGY J
STREET ADDRESS
1173 SUNLIGHT C
CITY-ST-ZIP
ST. CLOUD FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
STD
Leopold, Peggy J.
1173 Sunlight CT.
ST. Cloud, FL 34771

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
VD
BURKE, MICHAEL D
STREET ADDRESS
24 AUGUSTA CIRCLE
CITY-ST-ZIP
ST. CLOUD FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VD
Koonen, John
1160 Sunlight Ct.
St. Cloud, FL 34771

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
TD
BURKE, ANNETTE R
STREET ADDRESS
24 AUGUSTA CIRCLE
CITY-ST-ZIP
ST. CLOUD FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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: *Bob Leopold* BOB LEOPOLD, President

14 Mar 96

407-952-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enter

Daytime Phone #

CR2E034 (12/95)