

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077748 (0)

1. Corporation Name

COMPUTERIZED ENGINEERING SERVICES, INC.

Principal Place of Business

2240 Commodores Club Blvd
St. Augustine, FL 32084

Mailing Address

2240 Commodores Club Blvd
St. Augustine, FL 32084

3. Date Incorporated or Qualified
11/05/1993

3a. Date of Last Report

4. FEI Number
65-0451034

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 Same as above

Suite, Apt. #, etc.

22

City & State

23 Same as above

Zip

Country

24

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27

City & State

28 Same as above

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAM W. HALL
2240 Commodores Club Blvd
St. Augustine, FL 32084

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President/Director ☐ DELETE
NAME Beverly C. Hall
STREET ADDRESS 2240 Commodores Club Blvd
CITY, ST, ZIP St. Augustine, FL 32084

TITLE Vice-President/Director ☐ DELETE
NAME Beverly C. Hall
STREET ADDRESS 2240 Commodores Club Blvd
CITY, ST, ZIP St. Augustine, FL 32084

TITLE Secretary/Director ☐ DELETE
NAME William W. Hall
STREET ADDRESS 2240 Commodores Club Blvd
CITY, ST, ZIP St. Augustine, FL 32084

TITLE Treasurer/Director ☐ DELETE
NAME William W. Hall
STREET ADDRESS 2240 Commodores Club Blvd
CITY, ST, ZIP St. Augustine, FL 32084

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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:

WILLIAM W. HALL SECRETARY/TREASURER

03/11/96 (904)461-0308

CR2E034 (12/95)

PS 3/13/96