

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000000054 (4)**

1. Corporation Name

COMPUTER DEVELOPMENT SERVICES, INC.

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1133 - 4TH ST.
STE. 200
SARASOTA FL 34236
US

Mailing Address

1133 - 4TH ST.
STE. 200
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

07/28/1994

4. FEI Number

65-0457831

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) 3651 Cortez Rd. W.
Suite, Apt. #, etc.

22) Suite 100

City & State

23) Bradenton, FL

Zip

24) 34210

Country

25) Manatee

2a. Mailing Address

26) 3651 Cortez Rd. W.
Suite, Apt. #, etc.

27) Suite 100

City & State

28) Bradenton, FL

Zip

29) 34210

Country

30) Manatee

9. Name and Address of Current Registered Agent

CASELLA, ROBERT M
2424 MANATEE AVENUE WEST
SUITE 100
BRADENTON FL 34205

Casella, Robert M
1432 First Street
Suite C
Sarasota, FL 34236

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GAGLIARDI, JAMES S
STREET ADDRESS 792 ST. JUDES DRIVE
CITY - ST - ZIP LONGBOAT KEY FL 34228

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
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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

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

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)(b), 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 in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

8/7/95

(Signature) (Typed Name)

1-941-727-0837