# 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 MAY -1 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005069 (7)

1. Corporation Name

SPACE COAST COMPUTER SOURCE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1702 S WASHINGTON AVENUE<br>TITUSVILLE FL 32780 | 1702 S WASHINGTON AVENUE<br>TITUSVILLE FL 32780 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 99 N. ATLANTIC AVE. | 26 99 N. ATLANTIC AVE. |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State: COCOA BEACH FL | 28 City & State: COCOA BEACH FL |
| 24 Zip: 32931 / 25 Country: - | 29 Zip: 32931 / 30 Country |

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:

4. FEI Number: 59-3215783 — 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**

EVANS, JOHN H
1702 S WASHINGTON AVENUE
TITUSVILLE FL 32780

**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 ________

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | P ☐ Change ☒ Addition |
| NAME | EVANS, JOHN H | 1.2 NAME | STRAND, WILLIAM |
| STREET ADDRESS | 1702 S WASHINGTON AVE | 1.3 STREET ADDRESS | 99 N. ATLANTIC AVE. |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | 1.4 CITY-ST-ZIP | COCOA BEACH FL |
| TITLE | | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 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(1)(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: W. J. Strand, WILLIAM STRAND — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (Date) 407-799-1221 (Daytime Phone #)

0045301 CP