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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 26 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022257 (7)**

1. Corporation Name

COMPUTER SOFTWARE ENGINEERING, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 719 LYNN HAVEN FL 32744-0791	POST OFFICE BOX 719 LYNN HAVEN FL 32744-0791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 719	26 P.O. Box 719
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 LYNN HAVEN FL	City & State 28 LYNN HAVEN FL
Zip / Country 24 32444-0719 25	Zip / Country 29 32444-0719 30

4. FEI Number: 59-3265327 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDY, THOMAS C 706 RADCLIFFE AVENUE LYNN HAVEN FL 32444	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 the Date of Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME		12 NAME	THOMAS C. HARDY	
STREET ADDRESS		13 STREET ADDRESS	706 RADCLIFFE AVE	
CITY ST ZIP		14 CITY ST ZIP	LYNN HAVEN FL 32444-3039	
TITLE		21 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME		22 NAME	DOUGLAS KLAYMEIER	
STREET ADDRESS		23 STREET ADDRESS	1369 CAPRI DR	
CITY ST ZIP		24 CITY ST ZIP	PANAMA CITY FL 32405	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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		

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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 above, or on an attachment with an address.

SIGNATURE: _____ THOMAS C. HARDY Apr 95 (904)265-4914
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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