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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**DIVISION OF CORPORATIONS** 

1996

**DOCUMENT #** 

P94000045361 (0)

BRANDON SMITH COMPUTERS, INC.  Principal Place of Business Mailing Address					
721 MARY AVE 721 MARY AVE					
FT WALTON	BEACH FL 32547-2424	FT WALTON BEACH FL	32547-2424		
				<ol> <li>Date Incorporated or Qualified 06/13/1994</li> </ol>	3a. Date of Last Report
2, Principal Pla	sce of Business	2a. Mailing Address		4. FE! Number	04/27/1995
21315-E	J Racetrack Rd N	= 26 315 - B Race	track Rd NE		Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<del></del>
23 F4 W	alton Beach, F	L 28 Ft Walter		Trust Fund Contribution	S5.00 May Be Added to Fees
	52547 25 USA	29 32547	Country A	8. This corporation has liability for Florida Statutes 4 Yes	intangible tax under s 199.032, ☐ No
	9. Name and Address of Curre		301 (4.51)	10. Name and Address of New F	
			B1 Name	181 SILLE LINES OF ALLION L.	-Binister Shill
SMITH, TINA G			82 Street Addre	/D.O. Dou Nilsonhas in Nick Assessed	0-1
721 MARY AVE			5treet Addre	ess (P.O. Box Number is Not Acceptab	oiej
	TON BEACH FL 32547-2424		83		
			84 City	· · · · · · · · · · · · · · · · · · ·	B5 Zip Code
familiar with	of deprovious of Sections 67.050. ded agent, or both, in the State of Floring, and accept the obligations of, Sec	ua. Such change was authorized	by the corporation's board	ation submits this statement for the pur d of directors. I hereby accept the app	pose of changing its registered office bintment as registered agent. I am
SIGNATURE	Signature typed or printed name of registered agen	and little if applicable. (NOTE:	Registered Agent signature required	when reinstation)	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TrTLF	D	☐ DELETE	1. 1 TITLE		Change Addition
NAME	SMITH, BRANDON J		1.2 NAME		
STREET ADDRESS	721 MARY AVE		1 3 STREET ADDRESS		
CITY - ST - ZIP	FT WALTON BEACH FL 325		1.4 CITY - ST - ZIP		
TILE	D OMETIC THE O	☐ DELETE	2 1 TITLE		Change Addition
NAME	SMITH, TINA G		2.2 NAME		
STREET ADDRESS	721 MARY AVE	47.0404	2.3 STREET ADDRESS		
CITY - ST-ZIP	FT WALTON BEACH FL 325	<del>47-2424</del> ☐ DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change El Latitud
NAME			3 2 NAME		Change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4, 17ITLE		Change Addition
NAME			4.2 NAME		El everage € venestrate
STREET ADDRESS			43 STREET ADDRESS		
CITY+S1+ZIP			4.4 CiTY-ST-ZIP		
TOLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		1
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	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(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 prunged, or on an autonomorphith an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)