

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000051594 (7)

1. Corporation Name

COMPUTER NETWORK ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~2475 APALACHEE PARKWAY~~  
~~#104~~  
~~TALLAHASSEE FL 32301~~  
~~US~~

325 JOHN KNOX RD., SUITE D-100  
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified  
07/13/1994

3a. Date of Last Report  
04/04/1995

2. Principal Place of Business

21 1983 Mahan Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 City & State

City & State

23 Tallahassee, FL

28 Zip

Zip

24 32308

Country

25 USA

29 Zip

Country

30

4. FEI Number

59-3253969

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

10. Name and Address of New Registered Agent

FULLER, BENJAMIN R  
325 JOHN KNOX RD., SUITE D-100  
TALLAHASSEE FL 32303

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME CALES, DAWN  
STREET ADDRESS 1747 CAPITAL CIRCLE N.E., #603  
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Norman Pettus  
1.3 STREET ADDRESS 5632 Doonesbury Way  
1.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE D ☐ DELETE  
NAME ROCCANTI, KIMBERLY R  
STREET ADDRESS 2020 KINGSBRIDGE COURT  
CITY-ST-ZIP TALLAHASSEE FL 32311

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Idwal Hugh Owen  
2.3 STREET ADDRESS 2222 Demeron Rd.  
2.4 CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☐ DELETE  
NAME ROSS, JANICE  
STREET ADDRESS P.O. BOX 38023 N/A  
CITY-ST-ZIP TALLAHASSEE FL 32315

3.1 TITLE P ☐ Change ☒ Addition  
3.2 NAME Robert Ross  
3.3 STREET ADDRESS P.O. Box 38023 N/A  
3.4 CITY-ST-ZIP Tallahassee, FL 32315

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE VP ☐ Change ☒ Addition  
4.2 NAME Richard J. Roccanti  
4.3 STREET ADDRESS 2020 Kingsbridge Ct.  
4.4 CITY-ST-ZIP Tallahassee, FL 32311

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address.

SIGNATURE: \*

Kimberly R. Roccanti  
Kimberly R. Roccanti

4-29-96

216-1618

Date

Daytime Phone #

CR2E034 (12/95)