

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # P94000051594 (7)

1. Corporation Name:

COMPUTER NETWORK ENTERPRISES, INC.



Principal Place of Business

1983 MAHAN DRIVE
SUITE 201
TALLAHASSEE FL 32308
US

Mailing Address

325 JOHN KNOX RD., SUITE D-100
TALLAHASSEE FL 32303-4158

3. Date Incorporated or Qualified

07/13/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

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 of registered agent or person authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PETTUS, NORMAN | |
| STREET ADDRESS | 5632 DOONESBURY WAY | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROCCANTI, KIMBERLY R | |
| STREET ADDRESS | 2020 KINGSBRIDGE COURT | |
| CITY - ST - ZIP | TALLAHASSEE FL 32311 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROSS, JANICE | |
| STREET ADDRESS | P.O. BOX 38023 N/A | |
| CITY - ST - ZIP | TALLAHASSEE FL 32315 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OWEN, IDWAL HUGH | |
| STREET ADDRESS | 2222 DEMERON RD | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | ROSS, ROBERT | |
| STREET ADDRESS | PO BOX 38023 NA | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ROCCANTI, RICHARD J. | |
| STREET ADDRESS | 2020 KINGSBRIDGE CT | |
| CITY - ST - ZIP | TALLAHASSEE FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|-----------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Ferrell, Douglas | |
| 1.3 STREET ADDRESS | 3123 Louise Street | |
| 1.4 CITY - ST - ZIP | Tallahassee, FL 32304 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly R. Roccanti* *Kimberly R. Roccanti* 4-15-97 216-1618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)