

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRELL, DOUGLAS
3123 LOUISE STREET
TALLAHASSEE FL
☐ DELETE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OWEN, IDWAL HUGH
2222 DEMERON RD
TALLAHASSEE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROSS, ROBERT
PO BOX 38023 NA
TALLAHASSEE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROCCANTI, RICHARD J.
2020 KINGSBRIDGE CT
TALLAHASSEE FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
4381 Kimberly Circle
Tallahassee, FL 32308
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1350-E4 Mahan Drive, Suite 380
Tallahassee, FL 32308
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
4381 Kimberly Circle
Tallahassee, FL 32308
☒ Change ☐ Addition

14. I 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. Roccati

1-

850-216-1618

CP2E034 (10/97)