

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 9:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000064116 (4)

1. Corporation Name

ALPHA COMPUTER SERVICES, INC.

Principal Place of Business

**234 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**234 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

3a. Date of Last Report

4. FEI Number

59-3264549

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. The corporation has liability for intangible tax under S. 199 (19)
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

**GRIMM, WILLIAM A
201 E. PINE ST.
SUITE 500
ORLANDO FL 32801**

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 person named as registered agent and this corporation

Signature of person named as registered agent and this corporation

Signature

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

D

RAY, RANDALL

242 S. FOX CHASE POINT

LONGWOOD FL

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

D

LEWIS, WENDY R

556 S. LONGVIEW PLACE

LONGWOOD FL

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐

Change

☐

Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐

Change

☐

Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐

Change

☒

Addition

P

WARREN, RICHARD D

234 N. WESTMONTE DRIVE

ALTAMONTE SPRINGS FL 32714

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐

Change

☐

Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐

Change

☐

Addition

13.1 TITLE

13.2 NAME

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13.4 CITY, ST, ZIP

☐

Change

☐

Addition

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)(b), Florida Statutes. I further certify that the information included 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 of this document or on an attachment with an affidavit.

SIGNATURE:

RICHARD D WARREN

3/14/95

407-869-5931

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date

Telephone Number