

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

DOCUMENT # P94000066966 (0)

1. Corporation Name

CONTRACTORS SOFTWARE & SYSTEMS, INC.

Principal Place of Business

931 N STATE ROAD 434
SUITE 347
ALTAMONTE SPRINGS FL 32714

Mailing Address

931 N STATE ROAD 434
SUITE 347
ALTAMONTE SPRINGS FL 32714

FILED

95 JUL 25 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

4. FEI Number

59-3269320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

REESE, MAYNARD D
60 HOLLOW BRANCH ROAD
APOPKA FL 32703

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 the address after)

(NOTE: Registered Agent signature required when re-electing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REESE, MAYNARD D
STREET ADDRESS 60 HOLLOW BRANCH ROAD
CITY ST ZIP APOPKA FL 32703

TITLE STD
NAME REESE, DEBORAH J
STREET ADDRESS 60 HOLLOW BRANCH ROAD
CITY ST ZIP APOPKA FL 32703

TITLE D
NAME WILLIAMS, GEORGE E
STREET ADDRESS 3317 WESTFORD DR
CITY ST ZIP APOPKA FL

TITLE VD
NAME WILLIAMS, CHERILEE L
STREET ADDRESS 3317 WESTFORD DR
CITY ST ZIP APOPKA FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

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 110.07(3)(b), 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:

Maynard D. Reese

7/21/95

407.774.6233

(Signature and typed or printed name of registered agent on directory)