

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 # P95000041760 (6)

1. Corporation Name

SCOBRA SOFTWARE SOLUTIONS, INC.



Principal Place of Business

5138 TENNIS COURT CIRCLE  
TAMPA FL 33617

Mailing Address

5138 TENNIS COURT CIRCLE  
TAMPA FL 33617

3. Date Incorporated or Qualified

05/26/1995

3a. Date of Last Report

N/A

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

59-3322655

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

GRAVES, SCOTT  
5138 TENNIS COURT CIRCLE  
TAMPA FL 33617

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, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE  
11.2 NAME D GRAVES, SCOTT  
11.3 STREET ADDRESS 5138 TENNIS COURT CIRCLE  
11.4 CITY-ST-ZIP TAMPA FL 33617

11.5 TITLE ☐ DELETE  
11.6 NAME  
11.7 STREET ADDRESS  
11.8 CITY-ST-ZIP

11.9 TITLE ☐ DELETE  
11.10 NAME  
11.11 STREET ADDRESS  
11.12 CITY-ST-ZIP

11.13 TITLE ☐ DELETE  
11.14 NAME  
11.15 STREET ADDRESS  
11.16 CITY-ST-ZIP

11.17 TITLE ☐ DELETE  
11.18 NAME  
11.19 STREET ADDRESS  
11.20 CITY-ST-ZIP

11.21 TITLE ☐ DELETE  
11.22 NAME  
11.23 STREET ADDRESS  
11.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition  
13.22 NAME  
13.23 STREET ADDRESS  
13.24 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(SCOTT GRAVES) President

3/10/96

813 988 5431

Date

Daytime Phone #

CR2E034 (12/95)