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 # P95000064829 (1)

1. Corporation Name
A TO Z SOFTWARE DISCOUNTERS INCORPORATED

Principal Place of Business: 1937 INTERSTATE CIRCLE, PENSACOLA FL 32526

Mailing Address: 1937 INTERSTATE CIRCLE, PENSACOLA FL 32526

3. Date Incorporated or Qualified: 08/22/1995
3a. Date of Last Report: —

2. Principal Place of Business
21 6601 N. Davis Hwy.
Suite, Apt. #, etc.
22 Suite 3
City & State
23 Pensacola Fl
24 Zip 32504
25 Country Escambia

2a. Mailing Address
26 6601 N. Davis Hwy.
Suite, Apt. #, etc.
27 Suite 3
City & State
28 Pensacola Fl
29 Zip 32504
30 Country Escambia

4. FEI Number: 59-3328719 ☐ 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**

CORKILL, PATRICK W
1937 INTERSTATE CIRCLE
PENSACOLA FL 32526

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] Date 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CORKILL, TERESA KAY	
STREET ADDRESS	1937 INTERSTATE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VD	☐ DELETE
NAME	CORKILL, PATRICK W	
STREET ADDRESS	1937 INTERSTATE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/30/96 Daytime Phone # (904) 857-4800