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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

P95000067701 (9)

Mailing Address

COMPLETE COMPUTER SERVICES, INC.

6940 STUART AVENUE

JACKSONVILLE FL 32254

Principal Place of Business 6940 STUART AVENUE 6940 STUART AVENUE JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 3. Date incorporated or Qualified 3a. Date of Last Report 08/31/1995 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Yes PNo Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name KLARFELD, JOHN Street Address (P.O. Box Number is Not Acceptable) 82 6940 STUART AVENUE 83 JACKSONVILLE FL 32254 Zip Code 84 City 85 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. Thereby accept the appointment as registered agent. I am familiar with, and as on the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstaling) (12/95)name of registered agoin and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1 1 TITLE TIPLE CR2E034 JONES, LEE B 1.2 NAME NAME: 6940 STUART AVENUE 1.3 STREET ADDRESS STREET ADDRESS. JACKSONVILLE FL 32254 14 CHY-ST-ZIP C Tr-51-7P ☐ Addition DELFTE 2 1 TITLE DVTILLE JONES, STEVEN C 2.2 NAME NAME 6940 STUART AVENUE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32254 2 4 CITY - \$1 - ZIP CHY St ZIE DTS ■ Addition DELETE 3. 1 TITLE THUE KLARFELD, JOHN 3.2 NAME

64 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 cath; 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.

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