

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 # **P95000082888 (5)**

1. Corporation Name
TECH DATA PACIFIC, INC.



Principal Place of Business: **5350 TECH DATA DRIVE CLEARWATER FL 34620**
Mailing Address: **5350 TECH DATA DRIVE CLEARWATER FL 34620**

3. Date Incorporated or Qualified: **10/30/1995**
3a. Date of Last Report
4. FEI Number: **59-3344101**
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

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

**VETTER, DAVID R
5350 TECH DATA DRIVE
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	RAYMOND, STEVEN A
STREET ADDRESS	5350 TECH DATA DRIVE
CITY-ST-ZIP	CLEARWATER FL 34620
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Godwin, A. Timothy
1.3 STREET ADDRESS	5350 Tech Data Drive
1.4 CITY-ST-ZIP	Clearwater, FL 34620
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howells, Jeffery P.
2.3 STREET ADDRESS	5350 Tech Data Drive
2.4 CITY-ST-ZIP	Clearwater, FL 34620
3.1 TITLE	TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Singleton, Arthur W.
3.3 STREET ADDRESS	5350 Tech Data Drive
3.4 CITY-ST-ZIP	Clearwater, FL 34620
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Raymund, Steven A
4.3 STREET ADDRESS	5350 Tech Data Drive
4.4 CITY-ST-ZIP	Clearwater, FL 34620
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____ Date: **2/13/96** Daytime Phone #: **813-539-7429**

CR2E034 (12/95)