

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT 13 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000080870 (4)

1. Corporation Name

FLORIDA COMPUTER INSTALLATIONS, INC.



Principal Place of Business

1331 E. LAFAYETTE STREET
TALLAHASSEE FL 32301

Mailing Address

POST OFFICE BOX 10807
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

4. FEI Number

59-3402037

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

City & State

29

Zip

30

Country

9. Name and Address of Current Registered Agent

KOWALCHYK, DEAN C
1331 E. LAFAYETTE STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
TRAINOR, STEVE
2105 CRESTDALE COURT
TALLAHASSEE FL 32308

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
KOWALCHYK, DEAN C
3341 LUCKY DEBONAIR TRAIL
TALLAHASSEE FL 32308

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

200002320592-3
-10/15/97--01039--015
*****550.00 *****550.00

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

9/15/97

LAW OFFICES OF
DEAN C. KOWALCHYK, P.A.

(904) 224-1987 Fax: (904) 942-7227

Mailing Address:

Post Office Box 10807
Tallahassee, Florida 32302

Street Address:

1331 E. Lafayette Street, Suite F
Tallahassee, Florida 32301

October 9, 1997

Mr. Sean Toner
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Annual Report Fees
Law Offices of Dean C. Kowalchyk, Inc. - P94000047910
Florida Computer Installations, Inc. - P96000080870

Dear Mr. Toner:

I am writing to request that the additional fee for late filing for these corporations be waived. There are three corporations that operate out of my offices, these two and North Florida Massage Therapy, Inc. We all share the post office box address where these forms were sent, but none of the corporations received the initial annual report forms. My wife, who owns North Florida Massage Therapy, Inc., went to the Corporations Office to file her annual report and pay her fees, and informed them about this. She was allowed to pay the fee without any penalty. I would appreciate the other two corporations received the same treatment. Since I previously tendered payment including the penalty, this would involve a refund.

Please advise me if you need any additional information.

Sincerely,



Dean C. Kowalchyk