FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

불법법

04-14-1999 90089 045 ***150.00

i. Corporation	MENT # P96000 TES COMPUTERS & NETW							
Principal Place of Business Malling Address							18119 18111 1981A 1181A	
8081 PHILIPS H		8081 PHILIPS H	JPS HIGHWAY #7					
JACKSONVILLE		JACKSONVILLE FL 32256				DO NOT WRITE IN T	HIC CDACE	
US	•	US				3. Date Incorporated or Qualifed	TIIS SPACE	
						11/25/1996		1
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3413056	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State		City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added	o Fees
Zip Country		- -¬		Country		8. This corporation owes the current year		□N₀
24	25	29	30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registe	Agent	<u> </u>
	9. Name and Address of Curren	Registered Agent	·	81	Name	10. Name and Address of New Registe	red Agent	
NEDDO, RICHARD A 8081 PHILIPS HIGHWAY 7				82		Idress (P.O. Box Number is Not Acceptable)		
JAC	KSONVILLE FL 32256			83				
	e en area (production	· · · · · · · · · · · · · · · · · · ·		84	City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such cha	inde was authi	orized by	the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its opointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable	/NOTE: Rev	nistared Ager	t signature regu	uired when reinstating) DATI		<u> </u>
12.	OFFICERS AN		(NOTE: Re	13.	L signatus o raqu	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PTSD		DELETE	1.1 TITLE			☐ Change	Addition
NAME	NEDDO, RICHARD A	ARD A		1.2 NAME	ĺ			Ĺ
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	14 OVO OAN (ILLE EL OBOSO)		1.4 CITY-S	T-ZIP				
TITLE			DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME	İ			
STREET ADDRESS			~~ ~	2.3 STREET	ADDRESS			
CITY-ST-ZIP	i			2. 4 CITY-5	T-ZIP			
TITLE			DELETE	3.1 TITLE	i		☐ Change	☐ Addition
NAME				3.2 NAME	<u> </u>			Ì
STREET ADDRESS				3.3 STREET	ADDRESS			1
CITY-ST-ZIP				3.4. CITY-5	T-ZIP		Change	Addition
TITLE		Ц	DELETE	4.1 TITLE			☐ Сһапде	
NAME				4. 2 NAME	- 1			{
STREET ADDRESS		1		l.	FADORESS			
CITY-ST-ZIP			DELETE	4.4 CITY-S	T-2IP		☐ Change	Addition
TITLE	}	Ц	DELETE	5.1 TITLE 5.2 NAME			Orange	[, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME					F ADDRESS			İ
STREET ADDRESS	}			5.4 CITY-S				,
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	1	_		6.2 NAME	}			ł
STREET ADDRESS					ADDRESS			
GINEE MEDINESS	1		4					}

14. I 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 fegal 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, with all other like empowered.

SIGNATURE: RILONDA WOODLO READ POR DO

4/7/99

(904) 731-2207