

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90437 012 ***150.00

DOCUMENT # P97000022908

1. Entity Name
MODIS/COMPUTER ACTION, INC.



Principal Place of Business
**1 INDEPENDENT DR
JACKSONVILLE, FL 32202 US**

Mailing Address
**1 INDEPENDENT DR
ATTN: TAX DEPT
JACKSONVILLE, FL 32202 US**

40090463



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VPS
NAME HOLLAND, GREGORY
STREET ADDRESS ONE INDEPENDENT DR
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE CEO
NAME PAYNE, TIMOTHY
STREET ADDRESS ONE INDEPENDENT DR
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE P
NAME CULLEN, JOHN P
STREET ADDRESS 14401 SWEITZER LANE
CITY-ST-ZIP LAUREL, MD 20707

TITLE VPOT
NAME ROBINSON, GERALD
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE AS
NAME TUTOR, TYRA
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE SVPT
NAME CROUCH, ROBERT
STREET ADDRESS ONE INDEPENDENT DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32202

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD ROBINSON 4-27-07 904-360-2704
Date Daytime Phone #