

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🌥

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000059111 (9)

COAST TO COAST COMPUTERS OF CITRUS COUNTY, INC.

Principal Place of Business 910 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429

SIGNATURE:

Mailing Address

910 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 FILED

98 OCT 21 PM 2: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

|  |  |            |                            |           |   |  | 07/03/1997   | İ              |
|--|--|------------|----------------------------|-----------|---|--|--|----------------|
| 2. Principal Place of Business   |  |            | 2a. Mailing Address        |           |   |  | 4. FEI Number Applied For  |                |
| 21   |  |            | 26                         |           |   |  | 59-3458709 Not Applicable  | j              |
| Suite, Apt. #, etc.  |  |            | Suite, Apt. #, etc.        |           |   |  | 5. Certificate of Status Desired \$8.75 Additional                       |                |
| 22   |  |            | 27                         |           |   |  | Fee Required   | ĺ              |
| City & State   |  |            | City & State               |           |   | 6. Election Campaign Financing \$5.00 May Be |  |                |
| 23   |  |            | 28                         |           |   |  | Trust Fund Contribution Added to Fees                                    |                |
| Zip  | <del> </del>                             |            | Zip                        | <u> </u>  |   |  | 8. This corporation owes or has paid the current year Intangible         | l              |
| 24 25 29   |  |            | <u> </u>                   |           |   |  | Personal Property Tax due June 30. Yes No                                |                |
| 9. Name and Address of Current Registered Agent  |  |            |                            |           | 241   |  | 10. Name and Address of New Registered Agent                             | ı              |
| CALDER, DAVID  |  |            |                            |           | 81 Name   |  |  |                |
| 255 BAY PATH DR.   |  |            |                            |           | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |  | ĺ              |
| CRYSTAL RIVER FL 34428   |  |            |                            |           |   |  |  |                |
|  |  |            |                            |           | 83  |  |  | l              |
|  |  |            |                            |           | 84  | City   | 85 Zip Code  | l              |
|  |  |            |                            |           | FL   The state of |  |  |                |
| 11. Pursuant   | to the provisions of sections 607,050;   | 2 and 6    | 07.1508, Florida Statute:  | s, the ab | ove-i   | named corporation                            | ration submits this statement for the purpose of changing its registered | l              |
| 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:  12. OFFICERS AND DIRECTORS   |  |            |                            |           | Registered Agent signature requi  |  | · · · · · · · · · · · · · · · · · · ·                                    | 8              |
| TITLE  |  |            |                            | 1.1 10    | 7 =   | 1  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        | CR2E034 (5/98) |
|  |  |            | ☐ DELETE                   |           |   | 1  | Change Addition  | 4              |
| NAME   | CALDER, DAVID                            |            |                            | 1.2 NA    |   |  | 5000026742853<br>-10/28/9801047011                                       | ္မွ            |
| STREET ADDRESS   |  |            |                            |           |   | ADDRESS                                      | -10/28/380104/011  | 띯              |
| CITY-ST-ZIP  | CRYSTAL RIVER FL 34428                   |            |                            |           | Y-ST-   | ZIP  | ****550.00 ****550.00  | ဗ              |
| TITLE  |  |            | DELETE                     | 2.1 ∏     |   |  | L Change   Addition  |                |
| NAME   | WEST, HAROLD                             |            |                            |           | 2.2 NAME  |  |  |                |
| STREET ADDRESS   | 11624 W. KINGFISHER CT.                  |            |                            | 2,3_ST    | 2,3_STREET ADDRESS.   |  |  |                |
| CITY-ST-ZIP  | CRYSTAL RIVER FL 34429                   |            |                            | 2.4 CIT   |   | ZIP  |  |                |
| TITLE  | D  |            | DELETE                     | 3,1 TITL  |   |  | Change Addition  |                |
| NAME   | KELLER, RENNIE                           |            |                            | 3.2 NA    | ME  |  | •  |                |
| STREET ADDRESS   | 4460 N. ORANGE ACRE POINT                |            |                            | 3.3 ST    | REETA   | VDDRESS                                      |  |                |
| CITY-ST-ZIP  | CRYSTAL RIVER FL 34428                   |            |                            | 3,4 CIT   | Y-SŢ.   | ZIP  |  |                |
| TITLE  | □ DELETT                                 |            | ☐ DELETE                   | 4.1 TIT   | Œ   | 1  | Change Addition  |                |
| NAME   |  |            |                            | 4.2 NA    | ME  |  |  |                |
| STREET ADDRESS   |  |            |                            | 4,3 STE   | REETA   | DDRESS                                       |  |                |
| CITY-ST-ZIP  |  |            |                            | 4.4 CIT   | Y-ST-Z  | ZIP  |  |                |
| TITLE  |  |            | DELETE                     | 5.1 TIT   | LE  |  | Change Addition  |                |
| NAME   |  |            |                            | 5.2 NA    | ИE  |  | V  |                |
| STREET ADDRESS   |  |            |                            | 5.3 ST    | REET A  | DORESS                                       |  |                |
| OTY-ST-ZIP   |  |            |                            | 5.4 CIT   |   | ı  |  |                |
| TITLE  | <del></del>                              |            | DELETE                     | 6.1 TIT   |   |  | Change Addition  |                |
| AME  |  |            |                            | 6.2 NA    | ME  | İ  | orange nation  |                |
| STREET ADDRESS   |  |            |                            |           |   | DDRESS                                       |  |                |
| CITY-ST-ZIP  | _  |            |                            | 6.4 CIT   |   |  |  |                |
| 14. I hereby ce  | rtify that the information supplied with | this filir | ng does not qualify for th | e exemp   | tion :  | stated in section                            | on 119.07(3)(i). Florida Statutes, I further certify the Information     |                |
| 14. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify in 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 underforty, that I am an officer or director of the corporation or the freceiver or trystee 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, of on any attachment with an address. |  |            |                            |           |   |  |  |                |
| in Block 12 or Block 13 if changed, of on anystrachment with an address.   |  |            |                            |           |   |  |  |                |