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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000079515 (7)

1. Corporation Name

BIT BY BIT COMPUTER COMPANY



Principal Place of Business

165 NORTH MAIN ST.
HIGH SPRINGS FL 32643

Mailing Address

P.O. BOX 1600
HIGH SPRINGS FL 32655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

59-2966343

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 5 N Main St

Suite, Apt. #, etc.

22 City & State

23 High Springs FL

24 Zip 32643

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 32655

Country

9. Name and Address of Current Registered Agent

NEWBERN, KEN
165 NORTH MAIN ST.
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name

Newbern, Ken

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

5 N Main St

83

84 City

High Springs

FL

85 Zip Code

32643

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)

4/30/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NEWBERN, REBECCA
STREET ADDRESS P.O. BOX 1600 (NA)
CITY-ST-ZIP HIGH SPRINGS FL 32655

TITLE VT ☐ DELETE

NAME NEWBERN, KEN
STREET ADDRESS P.O. BOX 1600 (NA)
CITY-ST-ZIP HIGH SPRINGS FL 32655

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE U ☒ Change ☐ Addition

1.2 NAME Rebecca Newbern
1.3 STREET ADDRESS P.O. Box 1600 n/a
1.4 CITY-ST-ZIP High Springs, FL 32655

2.1 TITLE K ☒ Change ☐ Addition

2.2 NAME Ken Newbern
2.3 STREET ADDRESS P.O. Box 1600 n/a
2.4 CITY-ST-ZIP High Springs, FL 32655

3.1 TITLE Secretary ☐ Change ☒ Addition

3.2 NAME Dorothy Newbern
3.3 STREET ADDRESS P.O. Box 1600 n/a
3.4 CITY-ST-ZIP High Springs, FL 32655

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

CR2E034 (10/97)