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Mar 06 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 # P97000095000 (0)

1. Corporation Name

CASEY KEY PI & COMPUTER FORENSICS INC.

Principal Place of Business

Mailing Address

507 SOUTH CASEY KEY RD.
NOKOMIS FL 34275

507 SOUTH CASEY KEY RD.
NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1997

4. FEI Number

65-0794723

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DROWLEY, WILLIAM T
507 SOUTH CASEY KEY RD.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name CROWLEY William T.

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

83

84 City

FL

85 Zip Code

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 William T. Crowley

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

William T. Crowley, per 2/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 1.1 TITLE
NAME 1.2 NAME
STREET ADDRESS 1.3 STREET ADDRESS
CITY-ST-ZIP 1.4 CITY-ST-ZIP
1.1 DELETE
1.2 DELETE
1.3 DELETE
1.4 DELETE

TITLE 2.1 TITLE
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
2.1 DELETE
2.2 DELETE
2.3 DELETE
2.4 DELETE

TITLE 3.1 TITLE
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
3.1 DELETE
3.2 DELETE
3.3 DELETE
3.4 DELETE

TITLE 4.1 TITLE
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
4.1 DELETE
4.2 DELETE
4.3 DELETE
4.4 DELETE

TITLE 5.1 TITLE
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
5.1 DELETE
5.2 DELETE
5.3 DELETE
5.4 DELETE

TITLE 6.1 TITLE
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP
6.1 DELETE
6.2 DELETE
6.3 DELETE
6.4 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.1 TITLE
1.2 NAME 1.2 NAME
1.3 STREET ADDRESS 1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP
1.1 Change ☒ Addition ☐
1.2 Change ☒ Addition ☐
1.3 Change ☒ Addition ☐
1.4 Change ☒ Addition ☐

2.1 TITLE 2.1 TITLE
2.2 NAME 2.2 NAME
2.3 STREET ADDRESS 2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP
2.1 Change ☐ Addition ☐
2.2 Change ☐ Addition ☐
2.3 Change ☐ Addition ☐
2.4 Change ☐ Addition ☐

3.1 TITLE 3.1 TITLE
3.2 NAME 3.2 NAME
3.3 STREET ADDRESS 3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP
3.1 Change ☐ Addition ☐
3.2 Change ☐ Addition ☐
3.3 Change ☐ Addition ☐
3.4 Change ☐ Addition ☐

4.1 TITLE 4.1 TITLE
4.2 NAME 4.2 NAME
4.3 STREET ADDRESS 4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP
4.1 Change ☐ Addition ☐
4.2 Change ☐ Addition ☐
4.3 Change ☐ Addition ☐
4.4 Change ☐ Addition ☐

5.1 TITLE 5.1 TITLE
5.2 NAME 5.2 NAME
5.3 STREET ADDRESS 5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP
5.1 Change ☐ Addition ☐
5.2 Change ☐ Addition ☐
5.3 Change ☐ Addition ☐
5.4 Change ☐ Addition ☐

6.1 TITLE 6.1 TITLE
6.2 NAME 6.2 NAME
6.3 STREET ADDRESS 6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP
6.1 Change ☐ Addition ☐
6.2 Change ☐ Addition ☐
6.3 Change ☐ Addition ☐
6.4 Change ☐ Addition ☐

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.

SIGNATURE William T. Crowley William T. Crowley

2/28/98 941 483-4110

CR2E034 (10/97)