PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000083452

COMPUTECH OF HERNANDO COUNTY, INC.

Principal Place of Business 1094 COMMERCIAL WAY SPRING HILL FL 34606 Mailing Address

1094 COMMERCIAL WAY SPRING HILL FL 34606

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90115 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

							I	orporated or Qualifed					
B District D	land of Durings	120	Moiling Address				09/24/ 4. FEI Num				LAnd	lied For	
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Suite, Apt. #, etc.			7				5. Certifcate	5. Certificate of Status Desired Fee Require					
City & Stat	City & State	y & State				Campaign Financing	П			May Be			
23		28		Count			Trust Fur	nd Contribution		Ad	ded to	Fees	
Zip	Zip Country Zip						8. This com	oration owes the curr	rent year Inta				
24 25 29 3								Personal Property Tax.					
	9. Name and Address of Current		- 1		10. Name and Address of New Registered Agent								
14/4.0	WEW ADTILLED			8	31	Name							
WASKEY, ARTHUR					82 Street Address (P.O. Box Number is Not Acceptable)								
1094 COMMERCIAL WAY					Silver is a second seco								
SPRING HILL FL 34606				8	83								
				-	34	City	· ***		<u>.</u>	85	Zip C	i	
				ľ	34	City			FL	103	Zip C		
11. Pursuant	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statutes,	the abo	ove-	-named c	orporation submits	this statement for the	purpose of	changii	ng its	egistered	
office or r	registered agent, or both, in the State of median familiar with, and accept the obligation	f Flori	da. Such change was auth	iorized t	by ti	he corpor	ation's board of dir	ectors. I hereby acce	pt the appoin	tment	as reg	istered	
. 3	im lamiliar with, and accept the obligati	UNS U	i, 380iidii 007.0303, 110iidi	a Statut	<del>.</del>							j	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Re	raistered A	aent	signature rec	ulred when reinstating)		DATE				
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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 apachment with an address, with all other like empowered.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OF DER OR DIRECTOR

4/15/99 352.

352 683 7676

(ZEU34 (11/98)