

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S00590 (7)

1. Corporation Name

UNITECH COMPUTER SERVICES, INC.



Principal Place of Business

Mailing Address

4114 U.S. HWY. 19
NEW PORT RICHEY FL 34652
US

4114 U.S. HWY. 19
NEW PORT RICHEY FL 34652
US

3. Date Incorporated or Qualified

09/18/1990

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 4114 US Hwy 19

26 4114 US Hwy 19

4. FEI Number

59-3030398

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

23 New Port Richey, FL

24 34652

25 Pasco

27 City & State

28 New Port Richey, FL

29 34652

30 Pasco

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAREL, JOHN A
2835 U.S. HWY. 19
HOLIDAY FL 34691

81 Name

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

John A. Karel
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-19-96
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAPMAN, MICHAEL A.
STREET ADDRESS 2338 WOODBEND CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ DELETE

TITLE ST
NAME CHAPMAN, MICHAEL A.
STREET ADDRESS 2338 WOODBEND CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ DELETE

TITLE V
NAME STIWALT, CHARLES
STREET ADDRESS 890 SILK OAK TREE
CITY-ST-ZIP LAKE MARY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael A. Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96
Date

813-847-4748
Daytime Phone #

CR2E034 (12/95)