

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 # **S45964**

(1)

1. Corporation Name

A : COMPUTER SERVICES, INC.



Principal Place of Business

**7451-13 103RD ST
SUITE 27
JACKSONVILLE FL 32210
US**

Mailing Address

**3141 LITTLE JOHN DR
MONTGOMERY AL 36109**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

3500 FOX HALL DR

Suite, Apt. #, etc.

27

City & State

28

MONTGOMERY, AL

29

Zip

30

36111

Country

USA

3. Date Incorporated or Qualified

04/15/1991

3a. Date of Last Report

10/16/1995

4. FEI Number

59-3060713

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

9. Name and Address of Current Registered Agent

**GUTHRIE, DAVID D
7451-13 103RD ST
SUITE #27
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

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

David D. Guthrie

Signature typed or printed name of registered agent and the corporation

2001L Registered Agent signature required when renouncing

11/18/96

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD
GUTHRIE, DAVID D.**
STREET ADDRESS **3141 LITTLE JOHN DR**
CITY-STATE-ZIP **MONTGOMERY AL 36109**

TITLE ☐ DELETE

NAME **VTD
GRIFFITHS, PETER A**
STREET ADDRESS **9212 CAMSHIRE DR**
CITY-STATE-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE **PSD**
1.2 NAME **GUTHRIE, DAVID D**
1.3 STREET ADDRESS **3500 FOXHALL DR**
1.4 CITY-STATE-ZIP **MONTGOMERY, AL 36111**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

David D. Guthrie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/96

(334) 213-0497

Date

Digitized by: [illegible]

CR2E034 (12/95)