

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S53276** (9)

1. Corporation Name

AMERICAN COMPUTER EXPRESS, INC.



Principal Place of Business

**2303-B INDUSTRIAL BLVD.
SARASOTA FL 34234**

Mailing Address

**2303-B INDUSTRIAL BLVD.
SARASOTA FL 34234**

2. Principal Place of Business

21 **1948 MAIN STREET**

Suite, Apt. #, etc.

22

City & State

23 **SARASOTA FLORIDA**

Zip

24 **34236**

Country

25 **SARASOTA**

2a. Mailing Address

26 **1948 MAIN STREET**

Suite, Apt. #, etc.

27

City & State

28 **SARASOTA FLORIDA**

Zip

29 **34236**

Country

30 **SARASOTA**

3. Date Incorporated or Qualified

05/17/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0261042

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PULFORD, KEVIN L.

**2303-B INDUSTRIAL BLVD. 1948 MAIN STREET
SARASOTA FL 34236**

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

KEVIN L. PULFORD, PRESIDENT

2-23-96

12. OFFICERS AND DIRECTORS

1. TITLE **D. PRESIDENT** ☐ DELETE
NAME **PULFORD, KEVIN**
STREET ADDRESS **2303-B INDUSTRIAL BLVD. 1948 MAIN ST.**
CITY-STATE-ZIP **SARASOTA FL 34236**

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **PRESIDENT** ☐ Change ☐ Addition

NAME **PULFORD, KEVIN L.**

STREET ADDRESS **1948 MAIN ST**

CITY-STATE-ZIP **SARASOTA FL 34236**

2. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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:

KEVIN L. PULFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96
DATE

(941)365-8847
EXPIRATION DATE

CR2E034 (12/95)