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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V24117 (6)

1. Corporation Name
C&B COMPUTERS, INC.

Principal Place of Business
POST OFFICE BOX 2081
FLGLER BCH. FL 32136

Mailing Address
POST OFFICE BOX 2081
FLGLER BCH. FL 32136-2081



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3123835		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THULIN, BETH N.
1008 S DAYTONA AVE.
FLGLER BCH. FL 32136

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Beth N. Thulin* 4-21-97
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change ☐ Addition ☐
NAME	THULIN, BETH N.	1.2 NAME	
STREET ADDRESS	1008 S DAYTONA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH. FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change ☐ Addition ☐
NAME	THULIN, BETH N.	2.2 NAME	
STREET ADDRESS	1008 S DAYTONA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change ☐ Addition ☐
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change ☐ Addition ☐
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change ☐ Addition ☐
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change ☐ Addition ☐
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Beth Thulin 4-21-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0027434

CR2E034 (9/96)