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 # V38767 (2)

1. Corporation Name
COMPU - IT, INC.

Principal Place of Business
1523 BERING CT.
PALM HARBOR FL 34683

Mailing Address
1523 BERING CT.
PALM HARBOR FL 34683

3. Date Incorporated or Qualified: **05/22/1992**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21 2710 ALT 19 N.
Suite, Apt. #, etc.
22 SUITE 404
City & State
23 PALM HARBOR, FL
Zip 24 34683
Country 25 PINELLAS

2a. Mailing Address
26 2710 ALT 19 N
Suite, Apt. #, etc.
27 SUITE 404
City & State
28 PALM HARBOR, FL
Zip 29 34683
Country 30 PINELLAS

4. FEI Number: **59-3139611** ☐ 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
WILLIAMS, DAVID A.
1523 BERING CT.
PALM HARBOUR FL 34683

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: PRESIDENT DAVID A. WILLIAMS 4/24/96
Signature (typed or printed name of registered agent required for filing) (NOTE: Registered Agent signature required for registration) Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WILLIAMS, DAVID A	
STREET ADDRESS	1523 BERING CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	STD	☐ DELETE
NAME	WILLIAMS, ROBERT L	
STREET ADDRESS	1543 LANEY DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	WILLIAMS, GRACE F	
STREET ADDRESS	1543 LANEY DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	☐ DELETE
NAME	MURPHY, LISA A	
STREET ADDRESS	905 CYPRESS POND RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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.

PRESIDENT (813) 781-5633

SIGNATURE: DAVID A. WILLIAMS 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #