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May 13 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 # V38767 (2)

1. Corporation Name
COMPU - IT, INC.

Principal Place of Business	Mailing Address
2710 ALT 19 NORTH SUITE 404 PALM HARBOR FL 34683 US	2710 ALT 19 NORTH SUITE 404 PALM HARBOR FL 34683-2654 US

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21: 1523 BERING CT
22: Suite, Apt. #, etc.
23: City & State: PALM HARBOR, FL
24: Zip: 34683 25: Country: PINELLAS

2a. Mailing Address
26: 1523 BERING COURT
27: Suite, Apt. #, etc.
28: City & State: PALM HARBOR, FL
29: Zip: 34683 30: Country: 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 _____ (NOTE: Registered Agent's signature required when changing) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DAVID A		1.2 NAME		
STREET ADDRESS	1523 BERING CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT L		2.2 NAME		
STREET ADDRESS	1543 LANEY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, GRACE F		3.2 NAME		
STREET ADDRESS	1543 LANEY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	MURPHY, LISA A		4.2 NAME	MURPHY, LISA A	
STREET ADDRESS	~~985 CYPRESS POND RD~~		4.3 STREET ADDRESS	1583 REDWOOD LANE	
CITY-ST-ZIP	~~PALM HARBOR FL~~		4.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] ROBERT WILLIAMS 4-26-97 813-781-5878