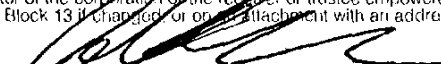


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 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 # V41768 (5) 1. Corporation Name LOCKENFELLER COMPUTER TECHNOLOGY, INC.			
Principal Place of Business 7171 N DAVIS HWY E05 PENSACOLA FL 32504 US		Mailing Address PO BOX 10578 PENSACOLA FL 32524-0578 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/05/1992		3a. Date of Last Report 04/04/1996	
4. FEI Number 59-3121326		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 FELLER, JOHN C 3928 TONBRIDGE CIRCLE PENSACOLA FL 32514		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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 obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE VP ☒ DELETE 1.2 NAME LOCKE, BRIAN J. 1.3 STREET ADDRESS 985 URBAN DR 1.4 CITY-ST-ZIP CANTONMENT FL 2.1 TITLE P ☐ DELETE 2.2 NAME FELLER, JOHN C. 2.3 STREET ADDRESS 3928 TONBRIDGE CIR 2.4 CITY-ST-ZIP PENSACOLA FL 3.1 TITLE T ☐ DELETE 3.2 NAME MCCURLEY, KAREN J 3.3 STREET ADDRESS 3928 TONBRIDGE CIRCLE 3.4 CITY-ST-ZIP PENSACOLA FL 4.1 TITLE S ☒ DELETE 4.2 NAME LOCKE, DENISE 4.3 STREET ADDRESS 985 URBAN DRIVE 4.4 CITY-ST-ZIP CANTONMENT FL 5.1 TITLE ☐ DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 P/S ☒ Change ☐ Addition 2.2 NAME FELLER, JOHN C. 2.3 STREET ADDRESS 3928 TONBRIDGE CIRCLE 2.4 CITY-ST-ZIP PENSACOLA, FL 32514 3.1 TITLE V/T ☒ Change ☐ Addition 3.2 NAME MCCURLEY, KAREN J. 3.3 STREET ADDRESS 3928 TONBRIDGE CIRCLE 3.4 CITY-ST-ZIP PENSACOLA, FL 32514 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			
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:  JOHN C. FELLER (904) 478-2211			

CR2E034 (9/96)