

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 4:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V42972 (2)

1. Corporation Name

GLM COMPUTER GROUP, INC.

Principal Place of Business

**3651 HARTSFIELD ROAD
TALLAHASSEE FL 32303
US**

Mailing Address

**3651 HARTSFIELD ROAD
TALLAHASSEE FL 32303
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3126384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLASS, W. DEXTER
211 EAST CALL STREET
TALLAHASSEE FL**

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 this 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 of Agent/Agent)

(NOTE: Registered Agent's signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	WILLIAMS, J. VERN
STREET ADDRESS	1713 MAHAN DRIVE
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	D
NAME	STROUD, J. M
STREET ADDRESS	1432-C FISHER LN
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	VDMD
NAME	SMITH, JONATHAN C.
STREET ADDRESS	1408 AVONDALE COURT
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	

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 110.07(3)(b), 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 and changed, or on an attachment with an address.

SIGNATURE:

JONATHAN C. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/95
(Date)

904/576-1400
(Telephone)