

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48163 (2)

1. Corporation Name

MICRO-SCILLA COMPUTER CONSULTING, INC.

Principal Place of Business

**606 3RD PL
VERO BEACH FL 32962**

Mailing Address

**606 3RD PL
VERO BEACH FL 32962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/29/1992

3a. Date of Last Report
03/21/1994

4. FEI Number
65-0349718

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Country

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Country

29. Country

9. Name and Address of Current Registered Agent

**LOCKWOOD, MICHAEL O.
606 3RD PL
VERO BEACH FL 32962**

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 189.031 and 189.032, Florida Statutes, the undersigned 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 189.032, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent

Signature of Officer or Director

12. OFFICERS AND DIRECTORS

12.1	D
NAME	LOCKWOOD, MICHAEL O.
STREET ADDRESS	606 3RD PL
CITY, STATE, ZIP	VERO BEACH FL
12.2	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

13.1	☐ Change ☐ Addition
13.2	☐ Change ☐ Addition
13.3	☐ Change ☐ Addition
13.4	☐ Change ☐ Addition
13.5	☐ Change ☐ Addition
13.6	☐ Change ☐ Addition
13.7	☐ Change ☐ Addition
13.8	☐ Change ☐ Addition
13.9	☐ Change ☐ Addition
13.10	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 189.032(b)(1), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 189, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an attachment with an address.

SIGNATURE:

Michael O. Lockwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

Date

407-770-
4918

Telephone No.