

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67180

1. Corporation Name

BITS & BYTES SOFTWARE AND ELECTRONICS, INC.

										i 18811 Bilbin Billi 1881 1981 ibil	S BOUT BIDLI DIR		1861 BIS		
Principal Place of Business Mailing Address									Ì						
135 S.E. 24TH ST. 135 SE 24TH STREET UNIT 10A CAPE CORAL FL 33990										DO NOT WRITE IN THIS SPACE					
CAPE CORAL F	FL 33990-433	6							-	3. Date incorporated or Qualifed					
US									3	09/24/1992					
2. Principal Place of Business					2a. Mailing Address					4. FEI Number			Appl	ied For	
21					26					65-0356565 No				Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.				5	5. Certifcate of Status Desired	Desired Sa.75 Additional Fee Required				
City & State				-j	City & State				6. Election Campaign Financing \$5.00 May Be						Γ
23									Trust Fund Contribution Added to Fees						
Zip					Zip .Cou				8	This corporation owes the curre	-		-		1
24	25			29						Personal Property Tax. Yes No					
	9. Name	and	Address of Current	Regis	tered Agent		<u> </u>		10	0. Name and Address of New Ro	egistered A	gent			{
18/81	TON DOD	СОТ	•				81	Name							
WALTON, ROBERT F. 135 SE 24TH STREET								Street Ad	ddress (P.O. Box Number is Not Acceptable)						1
CAPE CORAL FL 33990													-		1
OA	LOOINE						83	ļ]
							84	City			FI	85	Zip Co	ode	ĺ
11 Dursuant	to the provis	cione (of Sections 607 0502	2 and 6	07 1508 Florida Statu	tes the	above	l e-named co	poratio	on submits this statement for the p	ourpose of c	hangin	g its re	egistered	
office or r	registered ac	rent c	r both in the State o	of Florid	da. Such change was a , Section 607.0505, Flo	autnonze	a by	tne corpora	ion's t	board of directors. I hereby accept	the appoint	tment a	is regi	stered	
SIGNATURE			·												}
	Signature, types	d or prin	ed name of registered agent		<u> </u>			it signature requ	ed when	n reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND	DIRE	CTOR	9S IN 12	1 8
12.			OFFICERS ANI	D DIRE	CTORS DELETE	13				ADDITIONS/CHANGES TO OFF	ICERS AND	Cha		Addition	1
TITLE	S		ent c		☐ DECE IE		ITLE								
NAME	WALTON, ROBERT F.				1.2 N/										8
STREET ADDRESS	CARE CORAL EL				i			.3 STREET ADDRESS .4 CITY-ST-ZIP							1
CITY-ST-ZIP	DAPE U	UKAL	<u> </u>		☐ DELETE	_		T-ZIP	70			Cha	nge	Addition	{
TITLE	U	n 14	MITON .		☐ DELETE		ITLE		صہ دور راد	Via R Walton		/			
NAME	WILLIAM R. WALTON SI 970B PEBBLE CREEK-D R.				•			2.2 NAME W. 2.3 STREET ADDRESS 6		William R. Walton 635 E. Hopkins Ave.					
STREET ADDRESS	{ - · · -								4	ien, CO 8/6/1					
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NAME								T ADDRESS							

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90200 036 ***150.00