FILE NOW: FILING FEE AFTER MAY 1 ~~93~~ $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27786 (5)

1. Corporation Name

TREASURE COAST MACINTOSH USERS GROUP, INC.

Principal Place of Business	Mailing Address
CHAMBER OF COMMERCE KANNER HWY STUART FL 34994	~~6005 SE OAKMONT PL~~ ~~STUART FL 34997~~ 23 SW WATERCRESS WAY STUART FL 34994-4845

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1988	3a. Date of Last Report: 01/21/1994
4. FEI Number: 65-0072599	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26 STUART FL 34994-4845 23 SW WATERCRESS WAY
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~FINNICAL, JOHN A.~~
~~6005 SE OAKMONT PL~~
~~STUART FL 34997~~

10. Name and Address of New Registered Agent

81 Name: F.R. McELROY
82 Street Address (P.O. Box Number is Not Acceptable): 23 SW WATERCRESS WAY
83: STUART FL
84 City: FL 85 Zip Code: 34994-4845

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: F.R. McElroy (T) F.R. McELROY — 3-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	LOCKRIDGE, CHARLES	12 NAME	~~CHRIS~~ PROCISE, CHRIS
STREET ADDRESS	13376 185TH PLACE N.	13 STREET ADDRESS	P.O. BOX 2718 N/A
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP	STUART FL
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	HANGLE, TOM	22 NAME	STANFORD, NANCY
STREET ADDRESS	23 S. RIVERVIEW RD	23 STREET ADDRESS	73 N. RIVER RD.
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	STUART FL 34996
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PROCISE, MICHAEL	32 NAME	
STREET ADDRESS	P.O. BOX 174	33 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HARRISON, BECKY L.	42 NAME	
STREET ADDRESS	8601 S.W. HOPWOOD AVE	43 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	44 CITY-ST-ZIP	
TITLE	~~T~~	51 TITLE	T ☒ Change ☐ Addition
NAME	~~FINNICAL, JOHN A.~~	52 NAME	McELROY, FRANCIS R.
STREET ADDRESS	~~6005 S.E. OAKMONT PL~~	53 STREET ADDRESS	23 SW WATERCRESS WAY
CITY-ST-ZIP	~~STUART FL~~	54 CITY-ST-ZIP	STUART, FL 34994-4845
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	McELROY, FRANCIS R.	62 NAME	
STREET ADDRESS	23 SW WATERCRESS WAY	63 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994-4845	64 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F.R. McElroy F.R. McELROY — 3/6/95 — T — 286-0159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0041107