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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N30273 (9)

1. Corporation Name

PC USERS GROUP OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

PO BOX 47197
JACKSONVILLE FL 32247-7197

PO BOX 47197
JACKSONVILLE FL 32247-7197

3. Date Incorporated or Qualified
01/19/1989

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2936105

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

10. Name and Address of New Registered Agent

FEDERICO, HILDA
10870 HIGH RIDGE ROAD
JACKSONVILLE FL 32225

81 Name

CRAIG HITER

82 Street Address (P.O. Box Number is Not Acceptable)

8305 CORALBERRY LANE

83

84 City

JACKSONVILLE,

FL

85 Zip Code

32244

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

CRAIG HITER, PRESIDENT

MARCH 4, 1997

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 DP ☐ DELETE
NAME FEDERICO, HILDA
STREET ADDRESS 10870 HIGH RIDGE ROAD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME CRAIG HITER
1.3 STREET ADDRESS 8305 CORALBERRY LANE
1.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32244

TITLE DV ☐ DELETE
NAME HITER, CRAIG
STREET ADDRESS 8305 CORAL BERRY LANE NORTH
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME GARY INGLISH
2.3 STREET ADDRESS 289 ST. JOHNS RIVER
2.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32259

TITLE SD ☐ DELETE
NAME JOHNSON, SHELLEY
STREET ADDRESS 8856 BROOKSHIRE COURT
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE DS ☐ Change ☐ Addition
3.2 NAME SHELLEY JOHNSTON
3.3 STREET ADDRESS 8856 BROOKSHIRE COURT
3.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32257

TITLE DT ☒ DELETE
NAME IMAM, AWAIS
STREET ADDRESS 7901 BAYMEADOWS CIRCLE E #528
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE DT ☐ Change ☒ Addition
4.2 NAME NORRIS GOSS
4.3 STREET ADDRESS 12421 BEARS DEN COURT
4.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32257

TITLE D ☐ DELETE
NAME SHULMAN, JUDY
STREET ADDRESS P.O. BOX 56755
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME JUDY SHULMAN
5.3 STREET ADDRESS POST OFFICE BOX 56755
5.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32241

TITLE D ☒ DELETE
NAME GITCHEL, JERRY
STREET ADDRESS 9378 ARLINGTON EXPRESSWAY #304
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME GEORGE COOK
6.3 STREET ADDRESS POST OFFICE BOX 40221
6.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32203

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CRAIG HITER, PRESIDENT

3/4/97

(904) 264-3662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006640

CR2E037 (9/96)