

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30273** (9)

1. Corporation Name

PC USERS GROUP OF JACKSONVILLE, INC.

Principal Place of Business

**PO BOX 47187
JACKSONVILLE FL 32247-7197**

Mailing Address

**PO BOX 47187
JACKSONVILLE FL 32247-7197**

3. Date Incorporated or Qualified

01/19/1989

4. FEI Number

59-2936105

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**HITER, CRAIG
8305 CORALBERRY LANE
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name

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

83

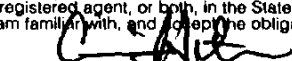
84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 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

4/9/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **HITER, CRAIG**
STREET ADDRESS **8305 CORALBERRY LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DV** ☒ DELETE

NAME **HITER, CRAIG**
STREET ADDRESS **8305 CORAL BERRY LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☒ DELETE

NAME **JOHNSON, SHELLEY**
STREET ADDRESS **8856 BROOKSHIRE COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE

NAME **GOSS, NORRIS**
STREET ADDRESS **12421 BEARS DEN COURT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **SHULMAN, JUDY**
STREET ADDRESS **P.O. BOX 56755**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DV** ☒ DELETE

NAME **INGLISH, GARY**
STREET ADDRESS **289 ST JOHNS RIVER**
CITY-ST-ZIP **JACKSONVILLE FL**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DV ☒ Change ☐ Addition

**GARY INGLISH
289 ST. JOHNS RIVER
JACKSONVILLE, FLORIDA 32259**

SD ☒ Change ☐ Addition

**PAT THALACKER
6603 BANBURY ROAD
JACKSONVILLE, FLORIDA 32211-5416**

☐ Change ☐ Addition

☐ Change ☐ Addition

D ☒ Change ☐ Addition

**PAUL BARTON
5834 NORDE DRIVE, W.
JACKSONVILLE, FLORIDA 32244**

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 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

4/9/98

(904) 264-3662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0005558

CR2E037 (10/97)