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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30273

1. Corporation Name

PC USERS GROUP OF JACKSONVILLE, INC.

Principal Place of Business
PO BOX 47197
JACKSONVILLE FL 32247-7197

Mailing Address
PO BOX 47197
JACKSONVILLE FL 32247-7197



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/19/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2936105

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HITER, CRAIG
8305 CORALBERRY LANE
JACKSONVILLE FL 32244

81 Name Shulman, Judy
82 Street Address (P.O. Box Number is Not Acceptable)
3730 Lone Eagle Rd
83
84 City Jacksonville FL 85 Zip Code 32257

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

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

Judy Shulman, President

3/15/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HITER, CRAIG
STREET ADDRESS 8305 CORALBERRY LANE
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

1.1 TITLE DP
1.2 NAME Shulman, Judy
1.3 STREET ADDRESS 3730 Lone Eagle Road
1.4 CITY-ST-ZIP Jacksonville, FL 32257 ☒ Change ☐ Addition

TITLE DV
NAME INGLISH, GARY
STREET ADDRESS 289 ST. JOHNS RIVER
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME THALACKER, PAT
STREET ADDRESS 6603 BANBURY RD
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE

3.1 TITLE SD
3.2 NAME Parra, Luis A.
3.3 STREET ADDRESS 3517 Peeler Rd #7
3.4 CITY-ST-ZIP Jacksonville, FL 32277 ☒ Change ☐ Addition

TITLE DT
NAME GOSS, NORRIS
STREET ADDRESS 12421 BEARS DEN COURT
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

4.1 TITLE DT
4.2 NAME Allen, Janet
4.3 STREET ADDRESS 1007 B19 Pine Key
4.4 CITY-ST-ZIP Atlantic Bch, FL 32233 ☒ Change ☐ Addition

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

5.1 TITLE D
5.2 NAME Davis, Russell
5.3 STREET ADDRESS 8468 Jacinto
5.4 CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ Addition

TITLE D
NAME BARTON, PAUL
STREET ADDRESS 5834 NORDE DR W
CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Judy Shulman
President

3/15/99

(904) 262-8541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)