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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:56

DOCUMENT # N93000000727 (8)

1. Corporation Name

POLK IBM-PC USERS' GROUP INC.

Principal Place of Business	Mailing Address
501 E LEMON ST C/O ELECTRIC & WATER UTILITIES BLDG LAKELAND FL 33801	PO BOX 5694 LAKELAND FL 33807-5694

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3170958	☐ 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
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

LALONDE, STEVE
2182 LAKE ARIANA BLVD
AUBURNDALE FL 33823-2549

10. Name and Address of New Registered Agent

31 Name: ALLEN WILKINS
32 Street Address (P.O. Box Number is Not Acceptable): 1664 MAHAFFEY CIRCLE
33
34 City: LAKELAND FL 35 Zip Code: 33811-4421

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: Allen Wilkins — 1-16-95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, SAMUEL A	1.2 NAME	
STREET ADDRESS	1720 VIRGINIA CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813-3071	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~LALONDE, STEVE~~	2.2 NAME	ALLEN WILKINS
STREET ADDRESS	~~2182 LAKE ARIANA BLVD~~	2.3 STREET ADDRESS	1664 MAHAFFEY CIRCLE
CITY-ST-ZIP	~~AUBURNDALE FL 33823-2549~~	2.4 CITY-ST-ZIP	LAKELAND, FL 33811-4421
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, DAVID	3.2 NAME	
STREET ADDRESS	93 HAMPDEN RD SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	NUTLEY, GARY	4.2 NAME	
STREET ADDRESS	4716 KANOY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~MURPHY, PATRICIA~~	5.2 NAME	DEBORAH BRUBAKER
STREET ADDRESS	~~6058 SWALLOW DR~~	5.3 STREET ADDRESS	1220 LONG STREET
CITY-ST-ZIP	~~LAKELAND FL 33809~~	5.4 CITY-ST-ZIP	LAKELAND, FL 33804
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Samuel A. Gardner (SAMUEL A. GARDNER) 1-16-95 (813) 646-1390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0881008