FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR 26 AM 8:15

DOCUMENT # **657447** **(9)**

1. Corporation Name

COOPERATIVES COMPUTER CENTER, INC.

Principal Place of Business

5159 WOODLANE CIRCLE
TALLAHASSEE FL 32303

Mailing Address

5159 WOODLANE CIRCLE
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: **02/27/1980**

3a. Date of Last Report: **08/07/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1269777** 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

STOCKTON, DON
5159 WOODLANE CIRCLE
TALLAHASSEE FL 32303

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 607.0502 and 607.150a, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRUBBS, BILL	1.2 NAME	200001757332
STREET ADDRESS	MAINLAND DR	1.3 STREET ADDRESS	-03/26/96--01075--001
CITY-ST-ZIP	QUINCY, FL 00000	1.4 CITY ST ZIP	****200.00 ****200.00
TITLE	DST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, WAYNE	2.2 NAME	
STREET ADDRESS	700 W BALDWIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	2.4 CITY ST ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, JOHN	3.2 NAME	
STREET ADDRESS	HWY 19 98 & ALT 27	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND, FL 00000	3.4 CITY ST ZIP	
TITLE	DVP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, ROY	4.2 NAME	
STREET ADDRESS	HWY 22 WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	4.4 CITY ST ZIP	
TITLE	☐ DELETE	5.1 TITLE	Exec. Manager ☐ Change ☒ Addition
NAME		5.2 NAME	Stockton, Don
STREET ADDRESS		5.3 STREET ADDRESS	5159 Woodland Circle
CITY-ST-ZIP		5.4 CITY ST ZIP	Tallahassee, FL 32303
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY ST ZIP	Acc 3/26/96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don Stockton 3/14/96 904-562-0121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Don Stockton