


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/27/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1269777	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
STOCKTON, DON 5159 WOODLANE CIRCLE TALLAHASSEE FL 32303				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GRUBBS, BILL				
STREET ADDRESS	MAINLAND DR				
CITY - ST - ZIP	QUINCY FL				
TITLE	DST	<input type="checkbox"/> DELETE			
NAME	THOMPSON, WAYNE				
STREET ADDRESS	700 W BALDWIN AVE				
CITY - ST - ZIP	DEFUNIAK SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HUDSON, JOHN				
STREET ADDRESS	HWY 19 98 & ALT 27				
CITY - ST - ZIP	CHIEFLND FL				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	BARNES, ROY				
STREET ADDRESS	HWY 22 WEST				
CITY - ST - ZIP	WEWAHITCHKA FL				
TITLE	EMGR	<input type="checkbox"/> DELETE			
NAME	STOCKTON, DON				
STREET ADDRESS	5159 WOODLAND CIRCLE				
CITY - ST - ZIP	TALLAHASSEE FL 32303				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE

[Signature] **REQUIRED**

1-12-98 908-562-8026

CR2E034 (10/97)