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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90012 040 \*\*\*150.00

0050281

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **657447**

1. Corporation Name

**COOPERATIVES COMPUTER CENTER, INC.**



Principal Place of Business <b>5159 WOODLANE CIRCLE TALLAHASSEE FL 32303</b>	Mailing Address <b>5159 WOODLANE CIRCLE TALLAHASSEE FL 32303</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/27/1980**

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

28. City & State

29. Zip

Country

30

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 607.1508, 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

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 **PD** ☐ DELETE

NAME **GRUBBS, BILL**

STREET ADDRESS **MAINLAND DR**

CITY-ST-ZIP **QUINCY FL**

TITLE **DST** ☐ DELETE

NAME **THOMPSON, WAYNE**

STREET ADDRESS **700 W BALDWIN AVE**

CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **HUDSON, JOHN**

STREET ADDRESS **HWY 19 98 & ALT 27**

CITY-ST-ZIP **CHIEFLND FL**

TITLE **DVP** ☐ DELETE

NAME **BARNES, ROY**

STREET ADDRESS **HWY 22 WEST**

CITY-ST-ZIP **WEWAHITCHKA FL**

TITLE **EMGR** ☐ DELETE

NAME **STOCKTON, DON**

STREET ADDRESS **5159 WOODLAND CIRCLE**

CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President, Director** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **President, Director** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **Secretary/Treasurer, Director** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **Director** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, 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:

**Don Stockton**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Don Stockton**

**1/15/99**

**850-562-0121**

Date

Daytime Phone #

CR2E034 (11/98)