FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAR 30 AM 10:46

DOCUMENT # **744396** **(3)**

1. Corporation Name

FLORIDA LOCAL GOVERNMENT INFORMATION SYSTEMS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2842 ST PETERSBURG FL 33731	P O BOX 2842 ST PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1894353 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 4075 LEWIS SPEEDWAY	2a. Mailing Address (26): 4075 LEWIS SPEEDWAY
Suite, Apt. #, etc. (22): SUITE 1	Suite, Apt. #, etc. (27): SUITE 1
City & State (23): ST. AUGUSTINE, FL	City & State (28): ST. AUGUSTINE, FL
Zip (24): 32095 Country (25): ST. JOHNS	Zip (29): 32095 Country (30): ST. JOHNS

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

9. Name and Address of Current Registered Agent

JOHN W JONES JR
175 FIFTH STREET NORTH
ST PETERSBURG FL 33731

10. Name and Address of New Registered Agent

81 Name: LUDY BEAVER
82 Street Address (P.O. Box Number is Not Acceptable): 4075 LEWIS SPEEDWAY
83: SUITE 1
84 City: ST. AUGUSTINE FL 85 Zip Code: 32095

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: LUDY BEAVER, Director Information Systems — DATE: 2-27-95
Signature, (type or printed) name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	HAGY, FRANKLIN R.	12 NAME	LUDY BEAVER	
STREET ADDRESS	400 SOUTH ORANGE AVENUE	13 STREET ADDRESS	4075 LEWIS SPEEDWAY	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	DP	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	JONES, JOHN W.	22 NAME	PAUL MURPHY	
STREET ADDRESS	P.O. BOX 2842 N/A	23 STREET ADDRESS	100 EAST PINE STREET	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VD	31 TITLE	TREAS.	☑ Change ☐ Addition
NAME	BEAVER, LUDY	32 NAME	CALOOSAHATCHEE VALLEY	
STREET ADDRESS	4075 LEWIS SPEEDWAY	33 STREET ADDRESS	750 MILWAUKEE AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	TD	41 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	BAHNMAN, MARTHA	42 NAME	LAURA G. COOK	
STREET ADDRESS	120 MALABAR ROAD, S.E.	43 STREET ADDRESS	105 MISSOURI AVE	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	CLEARWATER, FL 34616	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	RUTHERFORD, ALLAN	52 NAME		
STREET ADDRESS	5680 S.W. 87TH AVENUE deleted	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE		☐ Change ☐ Addition
NAME	CHASE, LAURA G	62 NAME		
STREET ADDRESS	P O BOX 4748 N/A deleted	63 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	64 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: Ludy Beaver — 904-823-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064812