

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # J95229 (7)
1. Corporation Name
PERSONAL COMPUTER CONSULTANTS OF NAPLES, INC.



Principal Place of Business

3401 N. TAMiami TRAIL
SUITE 210
NAPLES FL 33940

Mailing Address

3401 N. TAMiami TRAIL
SUITE 210
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1987

4. FEI Number

59-2852250

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34103 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34103 Country

29

30

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C.
800 LAUREL OAK DR
SUITE 400
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

BARRY HOLES

82 Street Address (P.O. Box Number is Not Acceptable)

3777 N. TAMiami TRAIL
SUITE 200

83

84 City

NAPLES

FL

85 Zip Code

34103

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

Barry Holes

Barry Holes

7/8/98

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 VTD ☐ DELETE

NAME SHUMWAY, CHARLES L.
STREET ADDRESS 3401 N. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE PSD ☐ DELETE

NAME MYERS, STEPHEN J.
STREET ADDRESS 3401 N. TAMiami TRAIL
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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.

SIGNATURE:

Barry Holes 7/8/98 (404) 263-4454

CR2E034 (5/98)