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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # N22554 (2)

1. Corporation Name
AMELIA ISLAND PC USER GROUP, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1213 BOX 138, NASSAU RIVER ROAD FERNANDINA BEACH FL 32034 US	P.O. BOX 1213 BOX 138, NASSAU RIVER ROAD FERNANDINA BEACH FL 32034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2878950 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1213	26 P.O. Box 1213
Suite, Apt. #, etc. 22 3694 Glenwood Oaks	Suite, Apt. #, etc. 27 3694 Glenwood Oaks
City & State 23 Fernandina Beach, FL	City & State 28 Fernandina Beach, FL
Zip 24 32035 Country 25 USA	Zip 29 32035 Country 30 USA

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

BIRKITT, S P
1961 SPRING BROOK RD
FERNANDINA BEACH FL 32034

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 _____ DATE
Signature, typed 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	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ANDERSON, CARL W.	1.2 NAME	Judy Main	
STREET ADDRESS	RT. 1, BOX 150 D-5	1.3 STREET ADDRESS	P.O. Box 381, Glenwood Oaks N/A	
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	Fernandina Beach, FL 32035	
TITLE	D	2.1 TITLE	Vice President	☒ Change ☒ Addition
NAME	THOMAS, JANIE G.	2.2 NAME	Kenneth E. Northup	
STREET ADDRESS	RT.1,BX133,NASSAU RIV.RD	2.3 STREET ADDRESS	713 Geiger Rd.,	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	3.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	MAIN, JUDY	3.2 NAME	S. P. Birkitt	
STREET ADDRESS	GLENWOOD OAKS	3.3 STREET ADDRESS	1961 Springbrook Rd.,	
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	D	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	FRANK, ANN C	4.2 NAME	Elizabeth K. Hewitt	
STREET ADDRESS	1053 LAKESIDE DR	4.3 STREET ADDRESS	2135 NaTURES Gate Court, South	
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	DT	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	BIRKITT, S P	5.2 NAME	Alan R. Prosswimmer	
STREET ADDRESS	1961 SPRINGBROOK RD	5.3 STREET ADDRESS	2799 Park Square Place, East	
CITY-ST-ZIP	FERNANDINA BEACH FL	5.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE		6.1 TITLE	Director	☐ Change ☐ Addition
NAME		6.2 NAME	Carl Anderson	
STREET ADDRESS		6.3 STREET ADDRESS	1612 Arbor Lane	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	

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.

S. P. Birkitt Jr.

SIGNATURE: S P Birkitt 1/27/95 904-261-8024
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0021091