

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28218

1. Corporation Name

CENTRAL FLORIDA COMPUTER USER'S GROUP, INC.

Principal Place of Business

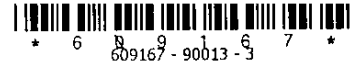
P.O. BOX 5005
LAKELAND FL 33807

Mailing Address

P.O. BOX 5005
LAKELAND FL 33807

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90013 003 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/01/1988

4. FEI Number

59-2914374

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

9. Name and Address of Current Registered Agent

DAVIS, ROSEMARY
2310 A-Z PARK ROAD
LAKELAND FL 33801

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 617.0502 and 617.1506, 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 617.0503, 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 ☐ DELETE
NAME COLLEY, KAREN
STREET ADDRESS P O BOX 5874
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME HOLLIDAY, GARY
STREET ADDRESS P O BOX 1310
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE
NAME CREWS, MERYL
STREET ADDRESS P.O. DRAWER 988
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE
NAME DAVIS, ROSEMARY
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL

TITLE ☒ DELETE
NAME GAYLORD, CHARLENE
STREET ADDRESS 102 LAURA LANE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☒ DELETE
NAME LUCAS, DAN
STREET ADDRESS P. O. BOX 6129 N/A
CITY-ST-ZIP LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME GILHOLM, LINDA
1.3 STREET ADDRESS 5725 Imperial Lakes Blvd.
1.4 CITY-ST-ZIP Mulberry, FL 33800

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 D
3.3 STREET ADDRESS CREWS, MERYL
3.4 CITY-ST-ZIP 2310 A-Z Park Road
Lakeland, FL 33801

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 D
5.3 STREET ADDRESS WISE, HOWARD
5.4 CITY-ST-ZIP P.O. BOX 1734
AUBURNDALE, FL 33823

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS SUMMERS, JOE
6.4 CITY-ST-ZIP 2310 A-Z Park Road
Lakeland, FL 33801

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/99 (941) 665-6060
Date Daytime Phone #

CR2E037 (5/99)