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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37147** **(8)**

1. Corporation Name
HARRIS USERS GROUP, INC.

Principal Place of Business	Mailing Address
~~B. BENJAMIN H. HAYES~~ 1301 34TH STREET NORTH ST. PETERSBURG FL 33713	~~B. BENJAMIN H. HAYES~~ 1301 34TH STREET NORTH ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3005713 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Constantino, Diane	26 Constantino, Diane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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	10. Name and Address of New Registered Agent
~~HAYES, BENJAMIN H.~~ 1301-34TH STREET NORTH ST. PETERSBURG FL 33713	81 Name: Constantino, Diane E. 82 Street Address (P.O. Box Number is Not Acceptable): Same 83 84 City: Same 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: Diane Constantino (Diane Constantino, Sec./Treas.) 5/2/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	STD	☒ Change ☐ Addition
NAME	BURTON, KATINA A	12 NAME	Constantino Diane	
STREET ADDRESS	633 NORTH ORANGE AVE	13 STREET ADDRESS	1301 34th St. N.	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	St. Petersburg, Fla. 33713	
TITLE	D	21 TITLE	D.	☐ Change ☒ Addition
NAME	RIMBEY, MIKE	22 NAME	Parks, Lisa	
STREET ADDRESS	120 EAST VAN BUREN ST	23 STREET ADDRESS	1729 Grand	
CITY ST ZIP	PHOENIX AZ	24 CITY ST ZIP	Kansas City, Mo 64108	
TITLE	D	31 TITLE	PD	☐ Change ☒ Addition
NAME	ATWOOD, MIKE	32 NAME	Hall, Mike	
STREET ADDRESS	500 3RD AVE SE	33 STREET ADDRESS	780 N. Gene Autry Trail	
CITY ST ZIP	CEDAR RAPIDS, IO	34 CITY ST ZIP	Palm Springs, Ca 92262	
TITLE	STD	41 TITLE	D	☐ Change ☒ Addition
NAME	HAYES, BENJAMIN H	42 NAME	Barker, William R	
STREET ADDRESS	1301 34TH ST NORTH	43 STREET ADDRESS	339 E. Grace St.	
CITY ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP	Richmond, Va. 23219	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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: Diane Constantino 4/5/95 (813) 393-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0066327