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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37147** (8)

1. Corporation Name

HARRIS USERS GROUP, INC.

Principal Place of Business

Mailing Address

% DIANE CONSTANTINO
1301 34TH STREET NORTH
ST. PETERSBURG FL 33713
US

% DIANE CONSTANTINO
1301 34TH STREET NORTH
ST. PETERSBURG FL 33713
US

3. Date Incorporated or Qualified

03/15/1990

4. FEI Number

59-3005713

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSTANTINO, DIANE E.
1301-34TH STREET NORTH
ST. PETERSBURG FL 33713

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 617.1508, 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 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	STD	<input type="checkbox"/> DELETE
NAME	CONSTANTINO, DIANE	<i>no change</i>
STREET ADDRESS	1301 34TH ST. N	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKS, LISA	
STREET ADDRESS	1729 GRAND	
CITY - ST - ZIP	KANSAS CITY MO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRACY, TIM	<i>no change</i>
STREET ADDRESS	2100 O STREET	
CITY - ST - ZIP	SACRAMENTO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ATWOOD, MIKE	
STREET ADDRESS	500 3RD AVE SE	
CITY - ST - ZIP	CEDAR RAPIDS IO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIMBEY, MIKE	
STREET ADDRESS	120 E VAN BUREN ST	
CITY - ST - ZIP	PHOENIX AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pete Zanmiller	
1.3 STREET ADDRESS	1 Gannett Plaza	
1.4 CITY - ST - ZIP	Melbourne, FLA. 32940	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hank Vander Veen	
2.3 STREET ADDRESS	1325 4th Street	
2.4 CITY - ST - ZIP	Modesto, California 95352	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bill Knight	
3.3 STREET ADDRESS	8460 Times Dispatch Blvd	
3.4 CITY - ST - ZIP	Richmond, Virginia 23111	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARY Bentler	
4.3 STREET ADDRESS	19200 120th North East	
4.4 CITY - ST - ZIP	Bothwell, Washington 98011-9506	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Doug Paper	
5.3 STREET ADDRESS	200 East Van Buren Street	
5.4 CITY - ST - ZIP	Phoenix Arizona 85004-2438	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Roy Deaton	
6.3 STREET ADDRESS	550 3rd Avenue South East	
6.4 CITY - ST - ZIP	Cedar Rapids Iowa 52401	

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.

SIGNATURE: *Diane Constantino*

2/20/98

CR2E037 (1097)