

**FILE NOW: FILING FEE IS \$61.25**

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40644 (9)**

1. Corporation Name  
**TERMS USER GROUP, INC.**



Principal Place of Business <b>C/O LORETTA W BRUSTLIN 1960 LANDINGS BLVD SARASOTA FL 34231 US</b>	Mailing Address <b>C/O LORETT W BRUSTLIN 1960 LANDINGS BLVD SARASOTA FL 34231 US</b>
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3. Date Incorporated or Qualified <b>10/22/1990</b>	3a. Date of Last Report <b>08/03/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 <b>C/O LORETTA W BRUSTLIN</b> 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number <b>65-0236801</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRUSTIN, LORETTA W  
SARASOTA COUNTY SCHOOL BOARD  
1960 LANDINGS BLVD  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 *Peggy M Best* (NOTE: Registered Agent signature required when reinstating) DATE **4-10-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, STEVE</b>	
STREET ADDRESS	<b>40 ORANGE ST</b>	
CITY - ST - ZIP	<b>ST AUGUSTINE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHELL, ROBBY</b>	
STREET ADDRESS	<b>603 CANAL ST</b>	
CITY - ST - ZIP	<b>MILTON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEST, PEGGY M.</b>	
STREET ADDRESS	<b>3710 ESTEY AVENUE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUSTLIN, LORETTA W</b>	
STREET ADDRESS	<b>1960 LANDINGS BLVD</b>	
CITY - ST - ZIP	<b>SARASOTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSSOW, LINDA</b>	
STREET ADDRESS	<b>3350 FOREST HILL BLVD WING B-3</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGUFFEY, BRUCE</b>	
STREET ADDRESS	<b>582 N TEMPLE AVE</b>	
CITY - ST - ZIP	<b>STARKE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SHELL, ROBBY</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *Peggy M Best* DATE: **4-10-96** DAYTIME PHONE #: **941-436-6439**

CR2E037 (12/95)

TERMS USER GROUP, INC.  
1996 CORPORATION ANNUAL REPORT

Additional Directors:

Roger Noll  
528 W. Duval St.  
Lake City, Fl 32056

Tom Moe  
900 Walnut Street  
Green Cove Springs, Fl 32043

Rebecca Myers  
7227 Land O'Lakes Blvd  
Land O'Lakes, Fl 34639

Phil Peterson  
301 4th St. N.W.  
Largo, Fl 34649