

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 04 1997 8:00am
Secretary of State

DOCUMENT # N46038 (8)

1. Corporation Name

PASCO AREA COMPUTER USERS GROUP, INCORPORATED



Principal Place of Business

Mailing Address

POST OFFICE BOX 1582
DADE CITY FL 33526

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DADE CITY FL 33526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1991

3a. Date of Last Report
03/22/1996

4. FEI Number

59-3028238

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAVIO, CHARLES J.
12029 MAJESTIC BLVD.
SUITE 7
BAYONET POINT FL 34667

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME S
STREET ADDRESS WAITE, MYRNA
CITY-ST-ZIP 3539 FOX RIDGE BLVD
ZEPHYRHILLS FL

☐ DELETE

TITLE
NAME P
STREET ADDRESS WHYBREW, VIRGINIA
CITY-ST-ZIP 37514 HOWARD AVE
DADE CITY FL

☐ DELETE

TITLE
NAME V
STREET ADDRESS RICHER, MARK
CITY-ST-ZIP 6105 20TH ST
ZEPHYRHILLS FL

☐ DELETE

TITLE
NAME T
STREET ADDRESS MARTIN, JIM
CITY-ST-ZIP 34650 MISSION BELL LANE
DADE CITY FL

☐ DELETE

TITLE
NAME D
STREET ADDRESS RICHARDS, BILL
CITY-ST-ZIP 35915 HERMOSO LANE
ZEPHYRHILLS FL

☐ DELETE

TITLE
NAME D
STREET ADDRESS BERGER, BARBARA
CITY-ST-ZIP 11635 PASADENA ROAD
DADE CITY FL

☐ DELETE

1.1 TITLE
1.2 NAME P
1.3 STREET ADDRESS RICHER, MARK
1.4 CITY-ST-ZIP 6105 20TH ST.
ZEPHYRHILLS, FL 33540

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME V
2.3 STREET ADDRESS WHYBREW, VIRGINIA
2.4 CITY-ST-ZIP 37514 HOWARD AVE
DADE CITY, FL 33525

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME S
3.3 STREET ADDRESS RUDISCHHAUSER
3.4 CITY-ST-ZIP 37439 MERIDIAN AVE
DADE CITY, FL 33525

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME T
4.3 STREET ADDRESS LEACH, NORMAN
4.4 CITY-ST-ZIP 5824 DEAN DAIRY RD.
ZEPHYRHILLS, FL 33541

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME D
5.3 STREET ADDRESS LEO HEINE
5.4 CITY-ST-ZIP 6206 19TH ST.
ZEPHYRHILLS, FL 33540

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME D
6.3 STREET ADDRESS BARNARD, VIVIAN
6.4 CITY-ST-ZIP 11821 FT. KING RD.
DADE CITY, FL 33525

☒ Change ☐ Addition

14. I do 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:

SIGNATURE REQUIRED

CF2E037 (4/97)