

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000727 (8)

1. Corporation Name

POLK IBM-PC USERS' GROUP INC.



Principal Place of Business

501 E LEMON ST
C/O ELECTRIC & WATER UTILITIES BLDG
LAKELAND FL 33801

Mailing Address

PO BOX 5694
LAKELAND FL 33807-5694

3. Date Incorporated or Qualified
02/11/1993

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3170958

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 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

WILKINS, ALLEN
1664 MAHAFFEY CIRCLE
LAKELAND FL 33811

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

Allen E. Wilkins

(NOTE: Registered Agent signature required when reinstating)

ALLEN E. WILKINS

2/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARDNER, SAMUEL A
STREET ADDRESS 1720 VIRGINIA CT
CITY-ST-ZIP LAKELAND FL 33813-3071 ☒ DELETE

1.1 TITLE PD
1.2 NAME SUETTERLIN, RICHARD
1.3 STREET ADDRESS 4637 ARLINGTON PARK DR
1.4 CITY-ST-ZIP LAKELAND, FL 33801 ☒ Change ☐ Addition

TITLE VD
NAME WILKINS, ALLEN
STREET ADDRESS 1664 MAHAFFEY CIRCLE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME FERGUSON, DAVID
STREET ADDRESS 93 HAMPDEN RD SE
CITY-ST-ZIP WINTER HAVEN FL 33884 ☒ DELETE

3.1 TITLE VD
3.2 NAME READ, JANE
3.3 STREET ADDRESS 1123 PALACE PLACE
3.4 CITY-ST-ZIP LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE TD
NAME NUTLEY, GARY
STREET ADDRESS 4716 KANOEY DR
CITY-ST-ZIP LAKELAND FL 33805 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME BRUBAKER, DEBORAH
STREET ADDRESS 1220 LONG STREET
CITY-ST-ZIP LAKELAND FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Richard E. Suetterlin

RICHARD E. SUETTERLIN

2/12/96

941-665-9276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)