CORPORATION ANNUAL REPORT 1995

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

AMENDED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000011 (6)

1. Corporation Name

CHARLOTTE COUNTY PC USERS' GROUP, INC.

Principal Place of Business	Mailing Address
115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	P.O BOX 3530 PORT CHARLOTTE FL 33949-3530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0451300 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 18260-A Paulson Dr	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 Pt Charlotte FL	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip / County 24 33954 25 USA	Zip / County 29 30	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
HACKETT, JACK O II FARR, FARR, EMERICH, SIFRIT, ET AL 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☐ Change ☒ Addition
NAME	SKINNER, JOHN D	12 NAME	SCOTT ROWE
STREET ADDRESS	3055 PINETREE ST	13 STREET ADDRESS	1313 Midland St
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	14 CITY-ST-ZIP	Pt Charlotte FL 33952
TITLE	VD	21 TITLE	V/D ☒ Change ☐ Addition
NAME	RYDER, THOMAS N	22 NAME	John Pappas JR
STREET ADDRESS	220 KINGS HIGHWAY, BLDG. 3L, SUITE 10	23 STREET ADDRESS	21524 Scyhuan Ten
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	24 CITY-ST-ZIP	Pt Charlotte FL 33954
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	SKLOM, ELAINE	32 NAME	Jerilyn Robinson
STREET ADDRESS	263 FRY TERRACE	33 STREET ADDRESS	200 Garvin St
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	34 CITY-ST-ZIP	Punta Gorda FL 33950
TITLE	TD	41 TITLE	D ☐ Change ☒ Addition
NAME	BISHOP, BILL	42 NAME	Edward Norsman
STREET ADDRESS	724 ALCALAY STREET	43 STREET ADDRESS	1282 Aiken St
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	44 CITY-ST-ZIP	Pt Charlotte FL 33952
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	MILLER, ROBERT H	52 NAME	Tom Blanding
STREET ADDRESS	1476 AQUI ESTA	53 STREET ADDRESS	26 Golfview Ct
CITY-ST-ZIP	PUNTA GORDA FL 33950	54 CITY-ST-ZIP	Placida FL 33947
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	STRAUB, DAN	62 NAME	Bill Higgins
STREET ADDRESS	P.O. BOX 4 N/A	63 STREET ADDRESS	2068 Leisure St
CITY-ST-ZIP	PUNTA GORDA FL 33951-0004	64 CITY-ST-ZIP	Pt Charlotte FL 33948

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: X John D. Skinner — X 3-20-95 — 813-766-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1060