FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N94000004521 (0)

FLORIDA NORTH SHORE TECHNOLOGY CENTERS, INC.

FLORIDA NORTH SHORE TECHNOLOGY CENTERS, INC.				T ARABIATAN RIJA TARIH BERJA BARJA BARJA BERJA BERJA BARJA BARJA BARJA BARJA ARABA TARIH ARABA TARIH ARABA TAR	
Principal Place of Business		Mailing Address			E INDERINDE DID FOLIT DINIT DON'T DOETH DOETH DOETH DINIT DINIT DINIT DINIT DINIT DINIT DINIT DINIT DINIT
2031 E. PAUL DIRAC DR. #117 TALLAHASSEE FL 32310		2031 E. PAUL DIRAC DR. #117 TALLAHASSEE FL 32310			3. Date Incorporated or Qualified 09/14/1994 4. FEI Number Applied For
					59-3266035 Not Applicable
Principal Place of Business 1		2e. Mailing Address 26			5. Certificate of Status Desired See Required Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		[27]			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country		,	8. This corporation owes or has paid the current year Intangible
24	25	⊢ ⊢ ⊢ ⊢ ⊢ ⊢ ⊢_	30		Personal Property Tax due June 30. Yes 🔀 No
=11	9. Name and Address of Currer				10. Name and Address of New Registered Agent
			81	Name	
MCBRIDE, WILLIAM B			82	Street	Address (P.O. Box Number is Not Acceptable)
	DMONT DRIVE			0	,
TALLAHASSEE FL 32312			83		
			84	City	FL 85 Zip Code
11 Purposed to the proviolant of Sections 617 0509 and 617 1509 Elected Statutos				o named	Corporation submits this statement for the number of changing its registered
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, for 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 adapt the colligations of Section 617,0503, Florida Statutes.					
SIGNATURE	Signature typest or priesed name of registered age	of med little of applicable WILLIAN	Registered Age	ON Segnature	PRESIDENT 4 30 98
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME	MCBRIDE, WILLIAM B		1.2 NAME		
STREET ADDRESS	609 PIEDMONT DRIVE	1.3 S		ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312			31-ZIP	
TOTLE	C C	DELETE	2.1 TITLE		C / D iX Change ☐ Addition
NAME	DEBUSK, A. GIB		2.2 NAME		KERR, JOHN R 2511 CHAMBERLIN DR.
STREET ADDRESS	3583 DORIS DRIVE TALLAHASSEE FL 32303				TALLAHASSEE, FL 32312
CITY-ST-ZIP TITLE	VC	DELETE	2. 4 CITY-1	SI-ZIP	Vice Chairman / D Change Addition
NAME	Kerr, John R	C. PECCIE	3.2 NAME		BYE, RAYMOND
STREET ADDRESS	2511 CHAMBERLIM DRIVE		3.3 STREET ADDRESS		217 WESTCOTT, COPELAND& COLLEGE
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4. CITY-		TALLAHASSEE, FL 32306-1330
TITLE	Ō	DELETE	4.1 THILE	VI 6.0	Vice Chairman / D X Change Addition
NAME	KELLEY, JOSEPH A		4. 2 NAME		KELLEY, JOSEPH A
STREET ADORESS	444 COLLINSFORD DRIVE		4.3 STREET	ADDRESS	444 COLLINSFORD DRIVE
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY - 9	T-ZIP	TALLAHASSEE, FL 32301
TITLE	D	DELETE	51 TITLE		Change Addition
NAME	DODD, JACK		5 2 NAME		·
STREET ADDRESS	110 E. SINCLAIR RD		5.3 STREET	ADDRES\$	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP	
TITLE	D	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1 - 1 1 1 - 1		6.2 NAME		600002540196
STREET ADDRESS	DORESS 31 HARBOUR DRIVE		6.3 STREET	ADDRESS	-05/29/9801008029 / 5/ 98

CITY-ST-ZIP CHAWFORDVILLE FL 32327

14. I hereby certify that the information supplied with this filing does not quality 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 comporation 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, promain attachment with an address.

SIGNATURE:

1)~B. 4-Beide

WILLIAM B. M. RAIN PORCINENT

ulanlao

950. 571. 1920

FILED

May 28 1998 8:00am

Secretary of State