

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90129 045 ****61.25

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DOCUMENT # N95000005271

1. Corporation Name

SOFTWARE SUPPORT CONSORTIUM, INC.

Principal Place of Business

**8444 GASKIN ROAD
BALDWINVILLE NY 13027
US**

Mailing Address

**8444 GASKIN ROAD
BALDWINVILLE NY 13027
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date incorporated or Qualified

11/07/1995

22 City & State

27 City & State

4. FEI Number
58-2211614

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CHERRY, JOHN E
1900 S.E. 4TH STREET
GAINESVILLE FL 32641**

10. Name and Address of New Registered Agent

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

TITLE **P/D** ☐ DELETE
NAME **THOMAS, FRED N., JR.**
STREET ADDRESS **1800 FARM WORKERS WAY**
CITY-ST-ZIP **IMOKALEE FL 33934-5544**

TITLE **V/D** ☒ DELETE
NAME **OSTROWSKI, ELAINE T.**
STREET ADDRESS **450 N. CHURCH ST.**
CITY-ST-ZIP **GREENSBORO NC 27402**

TITLE **T/D** ☒ DELETE
NAME **THOMPSON, THOMAS**
STREET ADDRESS **200 E. BROAD ST.**
CITY-ST-ZIP **SAVANNAH GA 31401-4149**

TITLE **S/D** ☐ DELETE
NAME **BROTHERS, LORIE**
STREET ADDRESS **8444 GASKIN RD.**
CITY-ST-ZIP **BALDWINVILLE NY 13027**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☒ Addition
22 NAME **John Cherry**
23 STREET ADDRESS **1900 S.E. 4th St.**
24 CITY-ST-ZIP **Gainesville, FL 32641**

31 TITLE ☐ Change ☒ Addition
32 NAME **M. Vando, James**
33 STREET ADDRESS **346 Woodlawn Ave**
34 CITY-ST-ZIP **Elmira, NY 14901**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 1999

Date

315-620-1488

Daytime Phone #

CR2E037 (1/98)