

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N97000003945 (9)**

1. Corporation Name

**SECOND CHANCE COMPUTERS, INC.**



Principal Place of Business

Mailing Address

**2031 E PAUL DIRAC DR #117  
TALLAHASSEE FL 32310**

**2031 E PAUL DIRAC DR #117  
TALLAHASSEE FL 32310**

3. Date Incorporated or Qualified

**07/08/1997**

4. FEI Number

**59-3459468**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCBRIDE, W BLAN  
609 W PIEDMONT DR  
TALLAHASSEE FL 32312**

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MCBRIDE, W BLAN**  
STREET ADDRESS **609 W PIEDMONT DR**  
CITY - ST - ZIP **TALLAHASSEE FL 32312**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **KERR, JOHN R**  
STREET ADDRESS **2511 CHAMBERLINN DRIVE**  
CITY - ST - ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☐ DELETE  
NAME **DEBUSK, A GIB**  
STREET ADDRESS **3583 DORIS DRIVE**  
CITY - ST - ZIP **TALLAHASSEE FL 32303**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **KELLEY, JOSEPH A**  
STREET ADDRESS **444 COLLINSFORD DRIVE**  
CITY - ST - ZIP **TALLAHASSEE FL 32301**

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

TITLE **D** ☐ DELETE  
NAME **BYE, RAYMOND**  
STREET ADDRESS **3956 BOBBIN BROOK CIRCLE**  
CITY - ST - ZIP **TALLAHASSEE FL 32312**

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

TITLE **D** ☐ DELETE  
NAME **SAMS, JACK G**  
STREET ADDRESS **1258 SHADEVILLE RD**  
CITY - ST - ZIP **CRAWFORDVILLE FL 32327**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

*Jack G Sams*

*May 28, 1998 820 576 1830*

CR2E037 (10/97)