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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N980000000 436**  
1. Corporation Name  
**CUPIC, INC.**

Principal Place of Business  
**440 NORTH MONROE STREET  
TALLAHASSEE FL 32301**

Mailing Address  
**440 NORTH MONROE STREET  
TALLAHASSEE FL 32301-1258**

3. Date Incorporated or Qualified <b>11/03/1993</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>59-3264948</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**WILLIAMS, F P  
306 EAST COLLEGE AVENUE  
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, DON</b>	1.2 NAME	
STREET ADDRESS	<b>580 S. APPLERYARD DRIVE</b>	1.3 STREET ADDRESS	<b>600002413716--2</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32304</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASHULETTE-KLOS, LISA</b>	2.2 NAME	<b>MICHELLE R. HARRISON</b>
STREET ADDRESS	<b>1741 OLD ST. AUGUSTINE ROAD</b>	2.3 STREET ADDRESS	<b>P.O. BOX 6416</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32314</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WUTHRICH, JOANN</b>	3.2 NAME	
STREET ADDRESS	<b>2916 APALACHEE PARKWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMOCK, AL</b>	4.2 NAME	
STREET ADDRESS	<b>440 N. MONROE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGGETT, BRIAN</b>	5.2 NAME	
STREET ADDRESS	<b>1400 E. PARK AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/97 (904) 877-6168

CR2E034 (9/96)