

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 # N98000000436
1. Corporation Name

CUPIC, INC.

Principal Place of Business

Mailing Address

440 North Monroe Street
Tallahassee, FL 32301

440 North Monroe
Tall FL 32301

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/03/1993

4. FEI Number

59-3264948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

Williams, F. P
2010 Delta Boulevard
Tallahassee, Florida 32303

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 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 D ☐ DELETE

NAME Clark, Don
STREET ADDRESS 580 S. Appleyard Drive
CITY-ST-ZIP Tallahassee, FL 32304

TITLE D ☐ DELETE

NAME Harrison, Michelle R
STREET ADDRESS P.O. Box 6416, N/A
CITY-ST-ZIP Tallahassee, FL

TITLE D ☐ DELETE

NAME Wuthrich, JoAnn
STREET ADDRESS 2916 Apalachee Parkway
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☐ DELETE

NAME Hammock, Al
STREET ADDRESS 440 N. Monroe Street
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☐ DELETE

NAME Baggett, Brian
STREET ADDRESS 1400 E. Park Avenue
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

JoAnn Wuthrich

Treas/JoAnn Wuthrich

Date

Daytime Phone #

877-6168

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E037 (10/97)