FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V24734

NOT JUST COMPUTERS, INC.

Principal Place of Business	
406 F 6 ST	

Mailing Address

406 E 6 ST

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90300 045 ***150.00



LEHIGH ACRES	FL 33936	LEHIGH ACRES FL 33936		DO NOT WRITE	IN THIS :	SPACE		
					3. Date Incorporated or Qualifed 03/26/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26		_	65-0326486			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			⁷ 5 Additional e Required
City & State	9	City & State			6. Election Campaign Financing			00 May Be led to Fees
23		28	Country		Trust Fund Contribution			180 M Lees
Zip	Country	Zip 30	Country		 This corporation owes the currer Personal Property Tax. 	n year me	∏ Yes	□No
24	9. Name and Address of Current	<u> </u>			10. Name and Address of New Re	aistered A		
	5. Name and Address of Current	Neglate va Agont	81	Name		<u> </u>		
HAD	AWAY, LARRY J.				(= 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2		
406 E 6 ST			82 Street Address (P.O. Box Number is Not Acceptable)					
LEHI	GH ACRES FL 33936		83		-			
							las!	Zin Cado
			84	City		FL	85	Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	nt Florida. Such change was autho	rizea by	ine corporai	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of o the appoin	hangin tment a	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi		ot signature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	CERS AN	D DIRE	
TITLE	Р	☐ DELETE	1.1 TITLE]			□ ¢na	ilge Addition
NAME	HADAWAY, LARRY J.		1.2 NAME					
STREET ADDRESS	406 E 6 ST		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-S	T-ZIP			∏ Cha	nge Addition
TITLE	VP	☐ DELETE	2.1 TITLE					inge 🔲 Addition
NAMÉ	HADAWAY, CONNIE M.		2.2 NAME					
STREET ADDRESS	406 E 6 ST			FADDRESS				
CITY-ST-ZIP	LEHIGH ACRES FL		2. 4 CITY-5	ST-ZIP			Cha	nge Addition
TITLE		☐ DELETE	31 TITLE					nge [], results.
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	ST-ZIP		_	Cha	nge Addition
TITLE		☐ nereie	4.1 TITLE				٠.١٠ س	
NAME			4. 2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	····		☐ Cha	nge Addition
TITLE			5.1 TITLE 5.2 NAME					•
NAME				T ADDRESS				
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	- 4-11			Cha	nge Addition
TITLE	at the second second		6.2 NAME				_	- –
NAME		ļ		T ADDRESS				
STREET ADDRESS			6.4 CITY-S					
CITY-ST-ZIP	<u></u>		U.9 UII 1-0	1-41				

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 607. 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: