

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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95 APR -4 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P10372  
1. Corporation Name  
**AppleRay, Inc.**

Principal Place of Business      Mailing Address  
**5660 Peachtree Ind. Blvd.      5660 Peachtree Ind. Blvd.**  
**Norcross, GA 30071              Norcross, GA 30071**

**600001448696**  
-04/06/95--01013--024  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>6/9/86</b>	<b>3/22/93</b>
4. FEI Number	Applied For
<b>58-1624514</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent  
**United States Corporation Company**  
**110 North Magnolia Street**  
**Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name	<b>United States Corporation Company</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1201 Hayes Street</b>
83	<b>Suite 105</b>
84 City	<b>Tallahassee, FL</b>
85 Zip Code	<b>32301</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>V/D</b>
NAME	<b>Kruse, Alvin G.</b>
STREET ADDRESS	<b>220 Wekiva Spring Rd.</b>
CITY - ST - ZIP	<b>Longwood, FL</b>
TITLE	<b>P/D</b>
NAME	<b>Morris, E. Ray</b>
STREET ADDRESS	<b>5660 Peachtree Ind. Blvd.</b>
CITY - ST - ZIP	<b>Norcross, GA 30071</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: \_\_\_\_\_ DATE: **3/28/95** (404) 441-2404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Chapter Section #)