


FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N24237 (2)</b>		
1. Corporation Name <b>TALLAHASSEE APPLE USER'S GROUP, INC.</b>		



Principal Place of Business <b>P O BOX 309 TALLAHASSEE FL 32302</b>		Mailing Address <b>P O BOX 309 TALLAHASSEE FL 32302</b>		3. Date Incorporated or Qualified <b>01/06/1988</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>O'LARY, BOB 2311 JIM LEE RD TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

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 GARY L. LANCASTER, TREASURER DATE 4/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	O'LARY, BOB	1.2 NAME	ALICE SCHREIBER
STREET ADDRESS	2311 JIM LEE RD	1.3 STREET ADDRESS	414 EL DESTINADO
CITY - ST - ZIP	TALLAHASSEE FL 32301	1.4 CITY - ST - ZIP	TALLAHASSEE FL. 32312
TITLE	VD	2.1 TITLE	
NAME	ZODY, CRAIG	2.2 NAME	
STREET ADDRESS	1834 GINA LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	SECRETARY
NAME	MEGARBEE, ANN	3.2 NAME	DIANE BROWN
STREET ADDRESS	1316 WOODGATE WAY	3.3 STREET ADDRESS	P.O. BOX 5154
CITY - ST - ZIP	TALLAHASSEE FL 32312	3.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32314
TITLE	TD	4.1 TITLE	TREASURER
NAME	ZODY, JANE	4.2 NAME	GARY LANCASTER
STREET ADDRESS	1834 GINA LANE	4.3 STREET ADDRESS	4355 SHERBORNE RD.
CITY - ST - ZIP	TALLAHASSEE FL 32303	4.4 CITY - ST - ZIP	TALLAHASSEE, FL. 32303
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: GARY L. LANCASTER DATE 4/17/98