

FILE NOW: FILING FEE IS \$61.25

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TALLAHASSEE, FLORIDA
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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24237					
1. Corporation Name TALLAHASSEE APPLE USER'S GROUP, INC.					
Principal Place of Business P O BOX 309 TALLAHASSEE FL 32302			Mailing Address P O BOX 309 TALLAHASSEE FL 32302		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/06/1988 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LANCASTER, GARY 4355 SHERBORNE RD TALLAHASSEE FL 32303				10. Name and Address of New Registered Agent 81 Name <u>Bob O'Leary</u> 82 Street Address (P.O. Box Number is Not Acceptable) 2311 Jim Lee Road 83 84 City <u>Tallahassee</u> - FL 85 Zip Code <u>32301</u>	

I, 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 Bob O'Leary (NOTE: Registered Agent signature required when registering) DATE 10-29-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☒ DELETE	1.1 TITLE	President - <u>Quinton</u>	☒ Change	☐ Addition	
NAME	SCHREIBER, ALICE		1.2 NAME	<u>Abbott, Mona LISA</u>			
STREET ADDRESS	414 EL DESTINADO		1.3 STREET ADDRESS	<u>7576 Talley Ann Dr.</u>			
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	<u>Tallahassee FL 32311</u>			
TITLE	VD	☒ DELETE	2.1 TITLE	Vice President - <u>Quinton</u>	☒ Change	☐ Addition	
NAME	ZODY, CRAIG		2.2 NAME	<u>Coltharp, Larry</u>			
STREET ADDRESS	1834 GINA LANE		2.3 STREET ADDRESS	<u>614 Gunter St.</u>			
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	<u>Tallahassee, FL 32308</u>			
TITLE	SD	☒ DELETE	3.1 TITLE	<u>SECRETARY</u>	☒ Change	☐ Addition	
NAME	MEGARREE, ANN		3.2 NAME	<u>Keaton, Helen</u>			
STREET ADDRESS	1316 WOODGATE WAY		3.3 STREET ADDRESS	<u>4910 VERNON</u>			
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4 CITY-ST-ZIP	<u>Tallahassee, FL 32311</u>			
TITLE	T	☒ DELETE	4.1 TITLE	<u>Treasurer</u>	☒ Change	☐ Addition	
NAME	LANCASTER, GARY		4.2 NAME	<u>Frank</u>			
STREET ADDRESS	4355 SHERBORNE RD		4.3 STREET ADDRESS	<u>1911 Nelson Circle</u>			
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP	<u>Tallahassee FL 32303</u>			
TITLE	S	☒ DELETE	5.1 TITLE	<u>Quinton</u>	☒ Change	☐ Addition	
NAME	BROWN, DIANE		5.2 NAME	<u>Quinton</u>			
STREET ADDRESS	P O BOX 5154 N/A		5.3 STREET ADDRESS	<u>3905 Pine Ridge Rd</u>			
CITY-ST-ZIP	TALLAHASSEE FL 32314		5.4 CITY-ST-ZIP	<u>Tallahassee, FL 32301</u>			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME	Dissolution removed. March		6.2 NAME				
STREET ADDRESS	correspondence was not received.		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, with all other like empowered.

SIGNATURE: Bob O'Leary DATE 10/29/99 850-561-7990

CR2E037 (1/98)