Applied For Not Applicable

\$8.75 Additional



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name

TALLAHASSEE APPLE USER'S GROUP, INC.

Principal Place of Business P O BOX 309 TALLAHASSEE FL 32302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

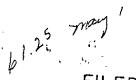
Suite, Apt. #, etc.

26

27

P O BOX 309

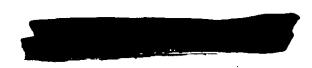
TALLAHASSEE FL 32302



FILED

00 MAY 17 AM 11: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualifed 01/06/1988

4. FEI Number NOT APPLICABLE

City & State	₽	City & State			5. Certificate of Status Desired	1 🗆	Fee Req	
텔뉴		28			·	<u>:</u>		
Zip	Country 25	Zip 29	Count 30	ry	6.º Election Campaign Financi Trust Fund Contribution	ng 🗇 🔪	\$5.00 M Added to	, ,
i	9. Name and Address of Current I	11	_	10. Name and Address of New Registered Agent				
	or realist and realists or our our	<u> </u>	8	1 Name			0 1	·
LANCASTED CARY						x19 -	130b	
LANCASTER, GARY			. 8		ddress (P.O. Box Number is Not Acco			
4355 SHERBORNE RD			. 8	3	11 SIM LEE KUIL	<u>. </u>		
TALLAHASSEE FL 32303			.	1 _				
		·		4 City	allahassee	FL	85 Zip Co	.30 I I
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, topic or crinted name of registered agent should title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12.	Signature, typed or printed name of registered agents OFFICERS AND		TE: Registered Ag	jent signature requ	ADDITIONS/CHANGES TO			RS IN 12
12. ΠΠΕ	D OFFICERS AND	DIRECTORS DELETE	1.1 TITLE	:]	p	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
	SCHREIBER, ALICE		1.2 NAME	. 4	BBOTT, MONA LI	5 A	_ ,	_
NAME	114 EL DESTINADO			- ADDOCTOR	7576 Talley ANN	DA.		
STREET ADDRESS	TALLAHASSEE FL 32312		1	ET ADDRESS	TALLAHASSEE, FL 3	2.311		
CITY-ST-ZIP	: :	DELETE			u A		Change	Addition
TITLE	VD CDAIC		2.1 TITLE		JARY KISSINGER	•	(M) everige	
NAME	ZODY, CRAIG		2.2 NAME		7642 machine B	inve		
STREET ADDRESS	1834 GINA LANE			ET ADDRESS	Jallahason, Fl			
CITY-ST-ZIP	TALLAHASSEE FL 32303		2. 4 CITY					Addition
TITLE	SD	☐ DELETE	3.1 TITLE		50 MARIE 15 MALL	_ <i></i>	F Cusuda	
NAME	MEGARBEE, ANN		3.2 NAMI	E	4318 snort De	12	٠	^
STREET ADDRESS	1316 WOODGATE WAY		3.3 STRE	ET ADDRESS	Tallehasser, Il	3230	3	
CITY-\$T-ZIP	TALLAHASSEE FL 32312		3.4. CITY					
TITLE	T	☐ DELETE	4.1 TITLE	7	T GUNDERSEN, CHR 1950 PINE RIDGE	15	Change	☐ Addition
NAME	LANCASTER, GARY		4. 2 NAM	E (GUNDERSEIN	- RD		
STREET ADDRESS	4355 SHERBORNE RD		4.3 STRE	ET ADDRESS	1750 PINE KINGE	, -		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-	ST-ZIP	TALLAHASS EE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
TITLE	S	☐ DELETE	5.1 TITLE	2	MARGARET HD. 2069 DELLWOO	UGG AR.	Change	☐ Addition
NAME	Brown, Diane		5.2 NAME	· /	NELLWOO	D DRY	VE	
STREET ADDRESS	P O BOX 5154 N/A		5.3 STRE	ET ADDRESS	TALLAHASSE E	E/ 7	2343	
CITY-ST-ZIP	TALLAHASSEE FL 32314		5.4 CITY	·ST-ZIP	ALLA MASSER	/ / 2 0		
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAMI	E	30000	ieeed	4:2-	00
STREET ADDRESS			6.3 STRE	ET ADORESS	30000 3 -06/1	3 700 010	025 – -01	9r
CITY-ST-ZIP			6.4 CITY-		涞水 涞;	¥61,25 ×	*****[1]	ЭĘ
14. I hereby c	ertify that the information supplied with	this filing does not qualify	for the exemp	otion stated i	n Section 119.07(3)(i), Florida Statut	s. I further cert	ify that the inf	formation
indicated a	on this annual report or supplemental a	nnual report is true and ac	curate and th	iat my signati	ure snan nave tne same legal effect a	as it made unde	i Jain, macta	ani 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. 850)

Monastisa Athete RMONAREISA SIGNING OFFICER OR DIRECTOR

2-24-00