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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001139 (2)**

1. Corporation Name

ST. AUGUSTINE IBM USER GROUP, INC.



Principal Place of Business 1730 HWY A1A SOUTH ST AUGUSTINE FL 32084	Mailing Address PO BOX 4301 ST AUGUSTINE FL 32805-4301
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3. Date Incorporated or Qualified 02/28/1996
4. FEI Number 59-3353786
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 31 Orange St. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 4301 Suite, Apt. #, etc.
22 City & State 23 St. Augustine, FL Zip 24 32084	27 City & State 28 St. Augustine, FL Zip 29 32085

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BUFFETTA, LOUIS 524 JEFFREY DRIVE ST AUGUSTINE FL 32086

10. Name and Address of New Registered Agent 81 Name Kummer, Virgil E., Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 4213 Wicks Branch Rd. 83 84 City St. Augustine FL 85 Zip Code 32086

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 Virgil E. Kummer, Jr. V.E. Kummer 3/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BUFFETTA, LOUIS	
STREET ADDRESS 524 JEFFREY DR	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE P	<input type="checkbox"/> DELETE
NAME TARRANT, S. R	
STREET ADDRESS 916 ALCALA DR.	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE T	<input type="checkbox"/> DELETE
NAME JAMES, PAULA	
STREET ADDRESS 4256 WICKS BRANCH RD.	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME BODMAN, JAMES	
STREET ADDRESS 1595 SANCARLOS ST.	
CITY-ST-ZIP ST. AUGUSTINE FL	
TITLE S	<input type="checkbox"/> DELETE
NAME MILLER, DAVID	
STREET ADDRESS 8270 MCOLLEE RD.	
CITY-ST-ZIP ST AUGUSTINE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SQUIRE, LARRY	
STREET ADDRESS 1280-B PONCE DELEON BLVD	
CITY-ST-ZIP ST AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Kummer, Virgil	
1.3 STREET ADDRESS 4213 Wicks Branch Rd.	
1.4 CITY-ST-ZIP St Augustine, FL 32086	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Tarrant, S.R.	
2.3 STREET ADDRESS 916 Alcala Dr.	
2.4 CITY-ST-ZIP St Augustine, FL 32086	
3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Schoeffel, Michael E.	
3.3 STREET ADDRESS 8050 A1A South	
3.4 CITY-ST-ZIP St. Augustine, FL 32086	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Harris, Fred	
4.3 STREET ADDRESS 31 Orange St	
4.4 CITY-ST-ZIP St Augustine, FL 32084	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Warner, Henry C. Jr.	
5.3 STREET ADDRESS 700 Pinehurst Pl.	
5.4 CITY-ST-ZIP St. Augustine, FL 32084	
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 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: V.E. Kummer 3/16/98

CR2E037 (10/97)