FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 274155

(1)

Mailing Address

TALLAHASSEE REALTY CO.

FILED Mar 05 1997 8:00am Secretary of State



546 E. OAKLAND AVE P.O. BOX 1333 TALLAHASSEE FL 32302-8333		546 E. OAKLAND AVE P.O. BOX 1333 TALLAHASSEE FL 32302-1333				3. Date Incorporated or Qualified	3a. Date of Last F	
		0.00				09/27/1963	05/01/1996	
h 1	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		[26]			··-	59-0842075		ot Applicable
Suite Apt i	#, Qu:	Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	:	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip ⊏~a	have a firm the same of the sa			Country		8. This corporation has liability for intangible tax under s. 199,032,		
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		irrent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered Agent	
	SETTER, MAGGIE S. E. OAKLAND AVE			"	Hame			
			82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)		
	BOX 1333			83				
TAL	LAHASSEE FL 32302			03				
				84	City		FL 85 Zip	Code
11. Pyrsuarti	o the provisions of Sections 607	.0502 and 607.1508, Florida Statu	utes, the a	L	e-named c	orporation submits this statement for the p	purpose of changing i	its registered
agent Far	agisticed agent, or both, in the configuration familiar with, and accept the c	obligations of, Section 607.0505, F	lorida Sta	tute	7 the corpc 5.	oration's board of directors. I hereby acce	ж тів арровіцяют аз	. registered
SIGNATURE	Segretive is part of pointed name of regulari	nd agent ar dititle il applicable (NS	OTF: Flagister	ed Age	ent signature re	equired when reinstating)	DATE	
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	AS IN 12
THE	PTD	DELETE	1.1 1	TITLE			Change	Addilion
NAME	LASSETTER, MAGGIE S.		1,2 /	NAME	ì			
SPREET ADDRESS	546 OAKLAND AVENUE		1.3 3	STREET	ADDRESS			
017Y-S1-7/P	TALLAHASSEE FL		1,4 (1.4 CITY-ST-ZIP				
TOTALE	VPD	DELETE 21		2 1 TITLE		71.00	☐ Change	Addition
NAME	RUSHING, ANNE		2.21	2.2 NAME				
\$18EELADIOBESS	542 OAKLAND AVENUE		235	STREET	ADDRESS	4		ł
DITY \$1-ZP	TALLAHASSEE FL		2.4	CITY-	ST-2IP			
TIFLE		DELETE	317	TITLE			Change	Addition
NAME			321	NAME	1			
STREET ADDRESS			335	STREET	ADDRESS			
Cilin-Sil-Zar			34.	CITY -	ST-ZIP			
1 [1]	DELETE		41	4.1 TITLE			☐ Change	Addition
NAME			4 2	NAME	1			
STREET ADDRESS			4.3 3	STREET	ADDRESS			
COY-ST-209			441	CITY-:	ST-ZIP			
TILLE		☐ DELETE		TITLE			☐ Change	Addition
NAME			5.21	NAME				
STREET CADDINESS			- 1		ADDRESS			
CHY-ST ZIP					ST - ZIP			
1FLE		DELETE		TITLE	· · · ·		Change	Addilion
NAME				NAME				
STHEE ASSPRESS					ADDRESS			
					ST-ZIP			
O(F) - \$7 - 7(P)			0.41	UIIY-	11.11.			

Los Fereby 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 orector 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.