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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701003

1. Corporation Name

TALL TIMBERS RESEARCH, INC.

Principal Place of Business

ROUTE 1, BOX 678
TALLAHASSEE FL 32312

Mailing Address

ROUTE 1, BOX 678
TALLAHASSEE FL 32312



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/24/1960

4. FEI Number

59-0952956

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GREEN, LANE, EXECUTIVE DIRECTOR
RT 1 BOX 678
TALLAHASSEE FL 32312**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **IRELAND, KATE**
STREET ADDRESS **13656 TENACITY LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE

CHAIRMAN/DIRECTOR

☒ Change

☐ Addition

NAME **IRELAND, KATE**
STREET ADDRESS **13656 TENACITY LANE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32312-9712

TITLE ☐ DELETE

NAME **TD LANGFORD, GEORGE**
STREET ADDRESS **837 LAKE RIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE

TREASURER/DIRECTOR

☒ Change

☐ Addition

NAME **TD LANGFORD, GEORGE**
STREET ADDRESS **837 LAKE RIDGE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

LANGFORD, LAWTON

P.O. Box 2235

TALLAHASSEE, FL 32304-2235

TITLE ☐ DELETE

NAME **SD HUMPHREY, LOUISE**
STREET ADDRESS **WOODFIELD SPRINGS PLANTATION**
CITY-ST-ZIP **MICCOUSKEE FL**

3.1 TITLE

SECRETARY/DIRECTOR

☒ Change

☐ Addition

NAME **SD HUMPHREY, LOUISE**
STREET ADDRESS **WOODFIELD SPRINGS PLANTATION**
CITY-ST-ZIP **MICCOUSKEE FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

WOOD, MRS. C. MARTIN III

RT. 2, Box 191

Monticello, FL 32344

TITLE ☐ DELETE

NAME **SEDGWICK, WALTER C.**
STREET ADDRESS **20 OLD LA HONDA ROAD**
CITY-ST-ZIP **WOODSIDE CA**

4.1 TITLE

VICE CHAIR/DIRECTOR

☒ Change

☐ Addition

NAME **SEDGWICK, WALTER C.**
STREET ADDRESS **20 OLD LA HONDA ROAD**
CITY-ST-ZIP **WOODSIDE CA**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

94062

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE REQUIRED **Green Executive Director 4/15/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)