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04-06-1999 90038 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # G06991

1. Corporation Name
CLEMENTS AND ASSOCIATES, INC. OF TALLAHASSEE

Principal Place of Business	Mailing Address
~~1922 MICCOSUKEE RD~~ 3113 Cap Med. Blvd TALLAHASSEE FL ~~32308~~ US	P.O. BOX 13387 TALLAHASSEE FL 32317-3387 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/02/1982

2. Principal Place of Business
21 3113 Capital Medical Blvd
Suite, Apt. #, etc. 22
City & State 23 Tallahassee, Fl 32308
Zip 24 32308 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2224249 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLEMENTS, BARBARA H.
~~1922 MICCOSUKEE RD.~~
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Clements, Barbara H
82 Street Address (P.O. Box Number is Not Acceptable): 3113 Capital Medical Blvd
83: PO Box 13387
84 City: Tallahassee FL 85 Zip Code: 32317-32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	CLEMENTS, BARBARA H		1.2 NAME	Hagan, Donna	
STREET ADDRESS	2212 ORLEANS DR		1.3 STREET ADDRESS	PO Box 497	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Greenville, Fl 32331	
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAURA S. BARSTOW		2.2 NAME		
STREET ADDRESS	RT 2 BOX 1353		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NICOLE CLEMENTS		3.2 NAME		
STREET ADDRESS	2363 PARROT LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICKER, KATHLEEN O		4.2 NAME		
STREET ADDRESS	2928 PARRISH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 607, 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: Barbara H Clements (Barbara H Clements) 3-14-99 8508783500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #