Applied For

Fee Required \$5,00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # H74354 1. Corporation Name

TALLEY, WILLIAM G., JR.

900 N 14TH ST

TALLEY ACRES, INC.

24	25	29		30		
Zip	Country	Zip		Co	ountry	
23		28				
City & State		City &	State			_
22	es este est	27				
Suite, Apt. #, etc.		Suite, A	Apt. #, etc.			
21		26				
2. Principal Place of Business		2a. Mailing	Address			
US		US				
900 N 14TH ST LEESBURG FL 34748-3463		LEESBURG FL 34749				
		P.O. BOX 4				
Principal Place of Business		Mailing Address				

Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90092 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

09/04/1985 4. FEI Number

59-2555208

LEESBURG FL 32749-0817			83	83				
			84	City		FL	85 Zip C	
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	i change was auth	iorized by	the corporat	poration submits this statement fo tion's board of directors. I hereby a	or the purpose of accept the appoir	changing its introduced in the control of the change in th	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	NOTE: Re	mistered Ager	unnar englands tr	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PST	DELETE	1.1 TITLE			#. <u></u>	☐ Change	Addition
NAME	TALLEY, WILLIAM G., JR.		1.2 NAME	-				
STREET ADDRESS	000 11 4471 07		1.3 STREET	TADDRESS				ļ
CITY-ST-ZIP	LEESBURG FL		1.4 CITY-S	T-ZIP	_			
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME					{
STREET ADDRESS		i	2.3 STREET	TADORESS				
CITY-ST-ZIP	m u • m + m = m = m = m = m = m = m = m = m =		2. 4 CITY-S	ST-ZIP			•	
TITLE		DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				
TITLE		DELETE	4.1 TITLE	İ			Change	☐ Addition
NAME			4.2 NAME	ļ.				-
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP		<u> </u>	4.4 CITY-S	T-ZIP				
TITLE	}	DELETE	5.1 TITLE	Ì			Change	Addition \
NAME			5.2 NAME					
STREET ADDRESS	,			TADDRESS				1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	The second of th		6.2 NAME	\				
STREET ADDRESS	PER BOS A PARA			TADDRESS				
CITY-ST-ZIP	7 - 8 - S !		6.4 CITY-S	,			VE - 41 4 - 41	, Nam
14. I hereby o	certify that the information supplied with this filing doe	s not qualify for th	ne exempt	ion stated in	Section 119.07(3)(i), Florida Statu	utes. I further ceri	tiry that the ir	ntormation

82

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 empewered 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 any address, with all other like empowered.

SIGNATURE: