

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29754 (1)**
1. Corporation Name
AIA TALLAHASSEE, INC.



Principal Place of Business Mailing Address
% DOUGLAS BARLOWE
P. O. BOX 14132
TALLAHASSEE FL 32317

3. Date Incorporated or Qualified **01/01/1988** 3a. Date of Last Report **02/15/1995**
4. FEI Number **59-2299347** Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
BARLOWE, DOUGLAS
313 N. MONROE ST., SUITE ONE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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]* (NOTE: Registered Agent signature required when reinstating) DATE **1-26-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, IVAN E	1.2 NAME	SD DODSON, JOEL
STREET ADDRESS	313 N MONROE ST	1.3 STREET ADDRESS	2074 RAYMOND DIEHL RD
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, THOMAS J.	2.2 NAME	
STREET ADDRESS	410 GRAIL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD FERREN, BOB	3.2 NAME	TD WHITEHEAD, DON
STREET ADDRESS	251 E. 7TH AVE.	3.3 STREET ADDRESS	1960-C BUFORD BLVD
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MANAUSA, C. TRENT	4.2 NAME	
STREET ADDRESS	2074 RAYMOND DIEHL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD THIELE, MARK	5.2 NAME	VD BRUCE BRUCE, BLAKELEY
STREET ADDRESS	309 HOFFMAN DR	5.3 STREET ADDRESS	2007 THOMASVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD BARLOWE, DOUGLAS	6.2 NAME	PD BARLOWE, DOUGLAS
STREET ADDRESS	313 N. MONROE	6.3 STREET ADDRESS	313 N MONROE
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **1-26-96 (904) 878-8784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)