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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
% DOUGLAS BARLOWE P. O. BOX 14132 TALLAHASSEE FL 32317-4132

3. Date Incorporated or Qualified 01/01/1988
3a. Date of Last Report 02/16/1996

2. Principal Place of Business 2a. Mailing Address
21 AIA TALLAHASSEE, INC. Suite, Apt. #, etc.
26 AIA TALLAHASSEE, INC. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

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 WHITEHEAD, DON
82 Street Address (P.O. Box Number is Not Acceptable) 1960-C BUFORD BLVD
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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: Don S. Whitehead DON S. WHITEHEAD SECY 1-24-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DODSON, JOEL	
STREET ADDRESS	2074 RAYMOND DIEHL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, THOMAS J.	
STREET ADDRESS	410 GRAIL DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITEHEAD, DON	
STREET ADDRESS	1960-C BUFORD BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANAUSA, C. TRENT	
STREET ADDRESS	2074 RAYMOND DIEHL RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUCE, BLAKELEY	
STREET ADDRESS	2027 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARLOWE, DOUGLAS	
STREET ADDRESS	313 N MONROE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	J. TERRY PETERSON	
4.3 STREET ADDRESS	820 EAST PARK AVENUE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.
SIGNATURE: Don S. Whitehead DON S. WHITEHEAD 1-24-97 904-978-8704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0008777

CR2E037 (9/96)