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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, JOEL	1.2 NAME	
STREET ADDRESS	2074 RAYMOND DIEHL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D <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	TD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, DON	3.2 NAME	
STREET ADDRESS	1960-C BUFORD BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANAUSA, C. TRENT	4.2 NAME	J. TERRY PETERSON
STREET ADDRESS	2074 RAYMOND DIEHL RD.	4.3 STREET ADDRESS	820 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, BLAKELEY	5.2 NAME	
STREET ADDRESS	2027 THOMASVILLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOWE, DOUGLAS	6.2 NAME	
STREET ADDRESS	313 N MONROE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	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)