

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 10 1998 8:00am
Secretary of State

DOCUMENT # N29754

(1)

1. Corporation Name

AIA TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

AIA TALLAHASSEE, INC.
P. O. BOX 14132
TALLAHASSEE FL 32317
US

AIA TALLAHASSEE, INC.
P. O. BOX 14132
TALLAHASSEE FL 32317
US

3. Date Incorporated or Qualified

01/01/1988

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

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITEHEAD, DON
1980-C BUFORD BLVD
TALLAHASSEE FL 32308

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 DON WHITEHEAD

Wm G. Sturges for Don Whitehead

9/8/98

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 DV
NAME DODSON, JOEL
STREET ADDRESS 2074 RAYMOND DIEHL ROAD
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

1.1 TITLE PD
1.2 NAME DODSON, JOEL
1.3 STREET ADDRESS 2074 RAYMOND DIEHL RD.
1.4 CITY-ST-ZIP TALLAHASSEE, FL ☒ Change ☐ Addition

TITLE D
NAME MILLER, THOMAS J.
STREET ADDRESS 418 GRAIL DRIVE
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME WHITEHEAD, DON
STREET ADDRESS 1980-C BUFORD BLVD
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PETERSON, J TERRY
STREET ADDRESS 820 EAST PARK AVENUE
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME BRUCE, BLAKLEY
STREET ADDRESS 2027 THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL ☒ DELETE

5.1 TITLE T
5.2 NAME WILL STURGES, A.I.A.
5.3 STREET ADDRESS 225 S. ADAMS ST.
5.4 CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE D
NAME BARLOWE, DOUGLAS
STREET ADDRESS 313 N MONROE
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Wm G. Sturges

WM G. STURGES

9/8/98

850-224-6301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)