

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90067 031 ****61.25

0008933

DOCUMENT # N29754

1. Corporation Name
AIA TALLAHASSEE, INC.

Principal Place of Business
A1A TALLAHASSEE, INC
P. O. BOX 14132
TALLAHASSEE FL 32317
US

Mailing Address
A1A TALLAHASSEE, INC
P. O. BOX 14132
TALLAHASSEE FL 32317
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2299347	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITEHEAD, DON 1960-C BUFORD BLVD TALLAHASSEE FL 32308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D	<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	SD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, DON		2.2 NAME		
STREET ADDRESS	1960-C BUFORD BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, J TERRY		3.2 NAME		
STREET ADDRESS	820 EAST PARK AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGES, WILL A		4.2 NAME		
STREET ADDRESS	225 S. ADAMS ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLOWE, DOUGLAS		5.2 NAME		
STREET ADDRESS	313 N MONROE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY WILSON		6.2 NAME	FIROZ MISTRY	
STREET ADDRESS	RT 1 BOX 9388 FELLOWSHIP ROAD		6.3 STREET ADDRESS	496 DOGWOOD TRAIL	
CITY-ST-ZIP	GREENVILLE FL 32357		6.4 CITY-ST-ZIP	QUINCY, FL 32351	

14. I 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, with all other like empowered.

SIGNATURE: _____ TREASURER 5/3/99 (850) 856 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)