FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400000811

Corporation Name

TALLAHASSEE BARE-DEVILS, INCORPORATED

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90211 017 ****61.25

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9. Name and Address of Current Registered Agent LEVALLEY, PAUL 909 STILL COURT TALLAHASSEE FL 32310 482 Street Address (P.O. Box Number is Not Acceptable) 883 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-mamed corporation submits this statement for the purpose of changing 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 epigetomic of Sections 617.0503, Floridas Statutes, the above-mamed corporation submits this statement for the purpose of changing 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 epigetomic of Section 617.0503, Floridas Statutes. SIGNATURE 30pathure, types or private rame of registered Agent applicable. (INOTE Registered Agent agent and when relinitative) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME LEVALLEY, PAUL 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY. 51.2P TALLAHASSEE FL 12. NAME 12. NAME 12. NAME 13. TITLE 14. CITY. 51.2P TALLAHASSEE FL 14. CITY. 51.2P TALLAHASSEE FL 15. TITLE 16. Changes Address (P.O. Box Number is Not Acceptable) 16. Changes Address (P.O. Box Number is Not Acceptable) 17. TALLAHASSEE FL 18. CITY. 51.2P TALLAHASSEE FL 18. CITY. 51.2P TALLAHASSEE FL 18. TITLE 19. Changes Address (P.O. Box Number is Not Acceptable) 18. TITLE 19. Changes Address (P.O. Box Number is Not Acceptable) 18. TITLE 19. Changes Address (P.O. Box Number is Not Acceptable) 19. Changes Address (P.O. Box Number is Not Acceptable) 19. Changes Address (P.O. Box Number is Not Acceptable Address (P.O. Box Number is Not Acceptable Address (P.O. Box Number is Not Acceptable Address (P.O. Box Numbe	_	Zip	25	Cooning	29	_,p	30	า ์			, , ,			d to Fees
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14. 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

921-2493 Daytime Phone #