


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 # N98000005840 1. Corporation Name THE TALLAHASSEE TRAILBLAZERS INC.		
Principal Place of Business 2949 VELDA DAIRY RD. TALLAHASSEE FL 32308	Mailing Address 2949 VELDA DAIRY RD. TALLAHASSEE FL 32308	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/13/1998	4. FEI Number 59-3537848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

8. Name and Address of Current Registered Agent DUPREE, JACQUELYN W 2949 VELDA DAIRY RD. TALLAHASSEE FL 32308	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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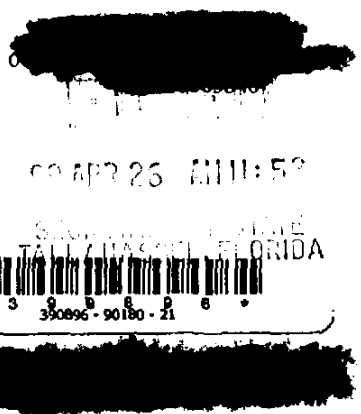
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Jacquelyn W. Dupree* DATE: 4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Calvin Sanchez
STREET ADDRESS		1.3 STREET ADDRESS	9755 WYNTEE LANE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jacquelyn W. Dupree
STREET ADDRESS		2.3 STREET ADDRESS	2949 Velda Dairy Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Cynthia Seaborn
STREET ADDRESS		3.3 STREET ADDRESS	308 Elwood Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Ronda Johnson Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ronda Johnson
STREET ADDRESS		4.3 STREET ADDRESS	2608 Byron Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Jacquelyn W. Dupree* SIGNATURE REQUIRED DATE: 4/21/99 414-3301



CR2E037-41798