

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000024374 (8)

1. Corporation Name
EASTGROUP TALLAHASSEE, INC.



Principal Place of Business: **188 EAST CAPITOL STE. 300 JACKSON MS 39201**
Mailing Address: **P.O. BOX 22728 JACKSON MS 39225-2728**

3. Date Incorporated or Qualified: **03/30/1994** 3a. Date of Last Report: **04/17/1996**
4. FEI Number: **64-0833568 64-0843847** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1508 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEED, LELAND R	
STREET ADDRESS	P.O. BOX 22728 N/A	
CITY-ST-ZIP	JACKSON MS 39225-2728	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOSTER, DAVID H II	
STREET ADDRESS	P.O. BX 22728	
CITY-ST-ZIP	JACKSON MS	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MCKEY, N K	
STREET ADDRESS	P.O. BX 22728	
CITY-ST-ZIP	JACKSON MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Jackson MS 39225
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Jackson MS 39225
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Keith McKey, CFO** 1-10-97 (601) 354-3555

CR2E034 (9/96)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
MEMPHIS TN 37501

DATE OF THIS NOTICE: 04-12-94
NUMBER OF THIS NOTICE: CP 575 G
EMPLOYER IDENTIFICATION NUMBER: 64-0843847
FORM: SS-4 (TELE-TIN)
4916807400 B

TAX FORMS YOU MUST FILE:
1120

FOR ASSISTANCE CALL US AT:
1-800-829-1040

EAST GROUP TALLAHASSEE INC
PO BOX 22608
JACKSON MS 39225

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you employer identification number (EIN) 64-0843847. This EIN will identify your business account tax returns and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

We have established the filing requirement(s) and tax period for your account based on the information provided. Publication 538, Accounting Periods and Methods, is available at most IRS offices if you need help in determining your required tax year.

If you are required to make deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. If you must make a payment before then, use the enclosed coupons.

If you have not already done so, please complete the enclosed Form SS-4, Application for Employer Identification Number. Write in your new EIN, 64-0843847, in the upper right hand corner of the form. Be sure you sign and date the form properly. Return the form with the bottom part of this notice within 15 days. An envelope is enclosed for your convenience. We need this information for a complete record of your account.

Thank you for your cooperation.

Keep this part for your records.

CP 575 G (Rev. 7-83)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 G

4916807400

YOUR TELEPHONE NUMBER BEST TIME TO CALL
() -

DATE OF THIS NOTICE: 04-12-94
EMPLOYER IDENTIFICATION NUMBER: 64-0843847
FORM: SS-4 (TELE-TIN)

INTERNAL REVENUE SERVICE
MEMPHIS TN 37501

EAST GROUP TALLAHASSEE INC
PO BOX 22608
JACKSON MS 39225



January 15, 1997

Annual Reports Filings
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is the 1997 Corporate Annual Report for EastGroup Tallahassee, Inc. On the report, the corporations FEI Number was incorrectly listed. A line was placed through the incorrect number and the correct number was written in its place. A copy of the Employer Identification Number Assignment letter from the Internal Revenue Service is enclosed for your review should you have any questions.

Thank you for your assistance. If you need further assistance please contact Leigh Ann Howell or myself at 601-354-3555.

Sincerely,

A handwritten signature in cursive script that reads "Wendi Martin".

Wendi Martin
Administrative Assistant