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

Mailing Address

200 AVENUE B., NW

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000041236**1. Corporation Name

Principal Place of Business

FLORIDA DATA BANK OF TALLAHASSEE, INC.

200 AVENUE B., NW WINTER HAVEN FL 33880		200 AVENUE B., NW WINTER HAVEN FL 33880		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed 05/08/1996		· · · · · · · · · · · · · · · · · · ·		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		—— ···	lied For	
21		26			59-3386161			Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	×	\$8.75 Additional Fee Required		
City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	,	
Zip 24	Country Zip Cou 25 29 30			, 	This corporation owes the curr Personal Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name		•			
STRANG, CARL J III 200 AVENUE B., NW			82	Street Add	ress (P.O. Box Number is Not Accepta	able)			
WINT	ER HAVEN FL 33880		83				<u> </u>		
			84	City		F	85 Zip C	ode	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	e-named corr	poration submits this statement for the	numose	of changing its i	egistered	
office or re	raistered agent or both in the State of	"Florida" Such change was autr	ionzea by	the corporati	ion's board of directors. I hereby accep	ot the app	ointment as reg	istered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0303, Florid	a Statutes	٠,					
SIGNATURE	Signature, typed or printed name of registered agent	AIOTE: Po	victored Age	nt eignature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.	it signaturo require	ADDITIONS/CHANGES TO OF	FICERS /	ND DIRECTOR	RS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE				Change	Addition	
NAME	STRANG, CARL J III		12 NAME						
1	1340 LAKE CANNON DRIVE E			T ADDRESS				.	
STREET ADDRESS	WINTER HAVEN FL 33880		1.4 CITY-8						
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE	11-51			Change	Addition	
	STRANG, CARL J JR.		2.2 NAME						
NAME	1050 LAKE OTIS DRIVE WEST		I.	T ADDRESS]	
STREET ADDRESS	WINTER HAVEN FL 33884		2.4 CITY-1		•				
CITY-ST-ZIP_	D	□ DELETE	3.1 TITLE	31-211			[] Change	Addition	
i	WILSON, KERRY M		3.2 NAME						
NAME	1906 18TH ST NW			T ADDRESS					
STREET ADDRESS	WINTER HAVEN FL 33881		3.4. CITY-1	j					
CITY-ST-ZIP	D	[] DELETE	4.1 TITLE	51-ZIF			Change	Addition	
NAME	BOGDAHN, JOSEPH		4. 2 NAME		•				
ì	502 AVE C., NE			T ADDRESS	•			ļ	
STREET ADDRESS CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-5					1	
TITLE	THE PROPERTY OF THE GOODS	☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME				* - A	•	
STREET ADDRESS			5.3 STREE	T ADDRESS				Ì	
			5.4 CITY-5	ST-ZIP	•				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
		_	6.2 NAME		·		*	}	
NAME OTREET ADDRESS			6.3 STREE	T ADDRESS	•		•		
STREET ADDRESS			6.4 CITY-5	ST-ZIP					
CHIT-ST-ZEC 1			_						

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 of yestee 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 op an apachment with an address, with all other like empowered.

SIGNATURE:

941 299, /195

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90235 027 ***158.75