

1-22-97 B-6520-C

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. McPham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715823 (1)

1. Corporation Name

SPRINGTIME TALLAHASSEE, INC.

Principal Place of Business

209 E. PARK AVE.
P.O. BOX 1465
TALLAHASSEE FL 32302

Mailing Address

209 E. PARK AVE.
P.O. BOX 1465
TALLAHASSEE FL 32302-14653. Date Incorporated or Qualified
01/02/19693a. Date of Last Report
05/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

23-7241347

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

BROWARD, TAFF
RT 3 BOX 564 G
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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME BARINEAU MORET, CAROL
STREET ADDRESS 8136 RUE MORET
CITY-ST-ZIP TALLAHASSEE FL 32308☒ DELETETITLE DP
NAME WILLIAMS, JOHN D
STREET ADDRESS 916 BROOKWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL☒ DELETETITLE DS
NAME SULLIVAN, JOHN H
STREET ADDRESS 2043 WILDRIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL☐ DELETETITLE PED
NAME GLOVER, ROBERT
STREET ADDRESS P.O. BOX 224
CITY-ST-ZIP LLOYD FL☐ DELETETITLE Treasurer
NAME Lea Ann Ellison
STREET ADDRESS 362 OFFICE PLAZA
CITY-ST-ZIP Tallahassee, FL 32301☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer
1.2 NAME Lea Ann Ellison
1.3 STREET ADDRESS 362 OFFICE PLAZA
1.4 CITY-ST-ZIP Tallahassee, FL 32301☒ Change☒ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☒ Change☐ Addition3.1 TITLE President
3.2 NAME Sullivan, John
3.3 STREET ADDRESS 2043 Wilbridge Dr
3.4 CITY-ST-ZIP Tallahassee, FL☒ Change☐ Addition4.1 TITLE President
4.2 NAME Glover, Robert
4.3 STREET ADDRESS P.O. Box 224 N-A
4.4 CITY-ST-ZIP LLOYD, FL☒ Change☐ Addition5.1 TITLE Treasurer
5.2 NAME Lea Ann Ellison
5.3 STREET ADDRESS 362 OFFICE PLAZA
5.4 CITY-ST-ZIP Tallahassee, FL☐ Change☒ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lea Ann Ellison, Treasurer

1/7/97

904-877-3149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)