

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 171681

(0)

95 MAY -1 AM 5:01

1. Corporation Name

TALLAHASSEE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9 WEST 9TH STREET
P.O. BOX 1379
TULSA OK 74101
US

9 WEST 9TH STREET
P.O. BOX 1379
TULSA OK 74101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1952

3a. Date of Last Report

03/02/1994

2. Principal Place of Business

2b. Mailing Address

21

26

4. FFI Number

59-6062465

Applied For

Not Applicable

22. State Apt # etc

27. State Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, TUCKER
16700 GULF BLVD.
N. REDINGTON BEACH FL 33708

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 607.1506, 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 607.1505, Florida Statutes.

SIGNATURE

Corporation Agent (printed name) (signed agent and the corporation)

Registered Agent (printed name) (signed after recording)

(date)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	MOORE, C. T.
STREET ADDRESS	16700 GULF BLVD
CITY, ST, ZIP	N. REDINGTON BEACH FL
TITLE	STD
NAME	CARTWRIGHT, MARY K.
STREET ADDRESS	5309 E PALOMINO RD.
CITY, ST, ZIP	PHOENIX AZ
TITLE	STD
NAME	MOORE, MELISSA
STREET ADDRESS	16700 GULF BLVD
CITY, ST, ZIP	N. REDINGTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PST	☒ Change ☒ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP	33708	
21 TITLE	V/D	☒ Change ☒ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP	85018	
31 TITLE	V/D	☒ Change ☒ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP	33708	
41 TITLE	V	☐ Change ☒ Addition
42 NAME	B. A. A. MOHR	
43 STREET ADDRESS	P.O. BOX 1724	
44 CITY, ST, ZIP	ST. PETERSBURG, FL 33731	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), 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. 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 of this filing or on an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter 199a-9